

Name  
in  
Full

Alias Abromatis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Westport	County	Baltimore	MARYLAND				
Date of death	Month	1903 8	Day	25	Years	1	Months	5	Days
Sex	Female	Color or Race	white	Birth-place	Baltimore, Md.				
Married, Single or Widowed	Occupation								
Name of Wife or Husband									
Father's Name	Peter Abromatis				Father's Birthplace	Russia			
Mother's Maiden Name	Maggie Lippowitz				Mother's Birthplace	England			
Name of person giving Information	Peter Abromatis				How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus	105	How long	Three Months
Immediate	—		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	August W. Miller, Coroner	
		Address	J.W. Williams Baltimore, Md.	
Accident or Suicide?	—			

Muncie Indiana

M. S. Sadrowski.

8703 S. Am St

St Stanislaus  
Cemetery

Name  
in  
Full

Samuel alban

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Buckleyville	St. Mary's	Months	—	Days
Date of death 1903	Month 8	Day 9	Age 70	Years	—
Sex Male	Color or Race White	Occupation Laborer	Birth-place Md.		
Married, Single Widowed	Widower				
Name of Wife or Husband					
Father's Name	Eli alban	Father's Birthplace	Md.		
Mother's Maiden Name	joannn shafer	Mother's Birthplace	Md.		
Name of person giving Information	Melchor alban	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Kidney & Bladder trouble

How long

2 yrs

Immediate

Gastric Soma

How long

48 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

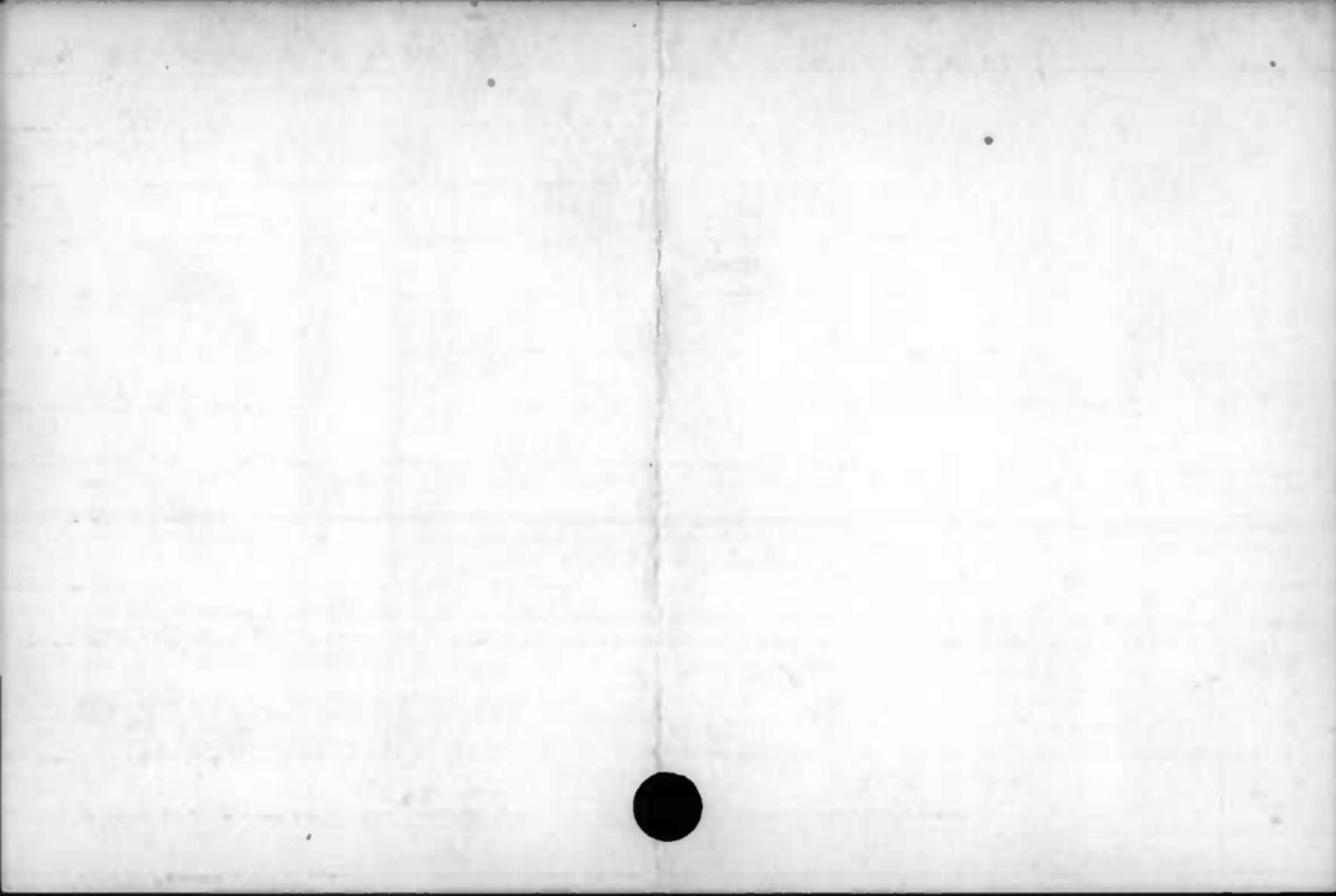
S. W. Beck had

Buckleyville

Md.

yes

Accident or Suicide?



Name  
in  
Full

Joseph F. Alder

CERTIFICATE OF DEATH

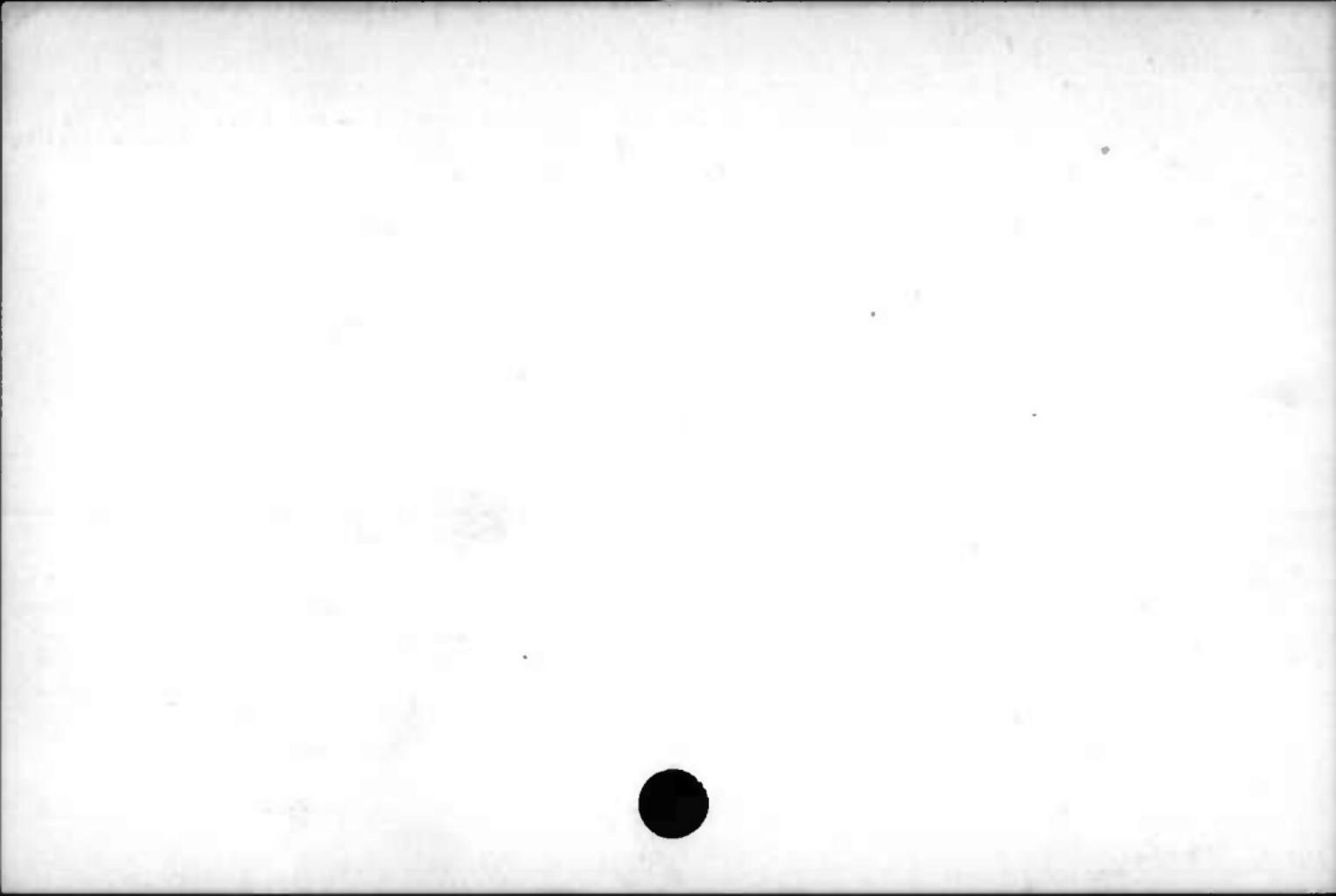
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Date of death 1903	Month 8	Day 30	Years 7	Months 7	Days 27
Sex male	Color or Race white	Birth-place Mt. Carmel Md.			
Married, Single	Occupation				
Name of Wife or Husband					
Father's Name Benjamin F. Alder	Father's Birthplace Mt. Carmel Md.				
Mother's Maiden Name Barbara E. Bassane	Mother's Birthplace Mt. Carmel Md.				
Name of person giving Information Benjamin F. Alder	How related to deceased Father				

CAUSES OF DEATH

Primary	Paralysis	How long 2 weeks
Immediate	Menigitis	How long 2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician A. R. Mitchell
		Address Heriford Md.
Accident or Suicide?		



Name  
in  
Full

Edward B. Ayres

5.6

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore			MARYLAND	
Died at Glenarm	County				
Date of death 1903 Aug.	Month 3	Day 3	Years	Months	Days
Age	two				
Sex Male	Color or Race white	Occupation	Birth-place	Glenarm Md.	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name Wm. B. Ayres	Father's Birthplace Surford Co. Ind.				
Mother's Maiden Name Lena Mcgee	Mother's Birthplace " " "				
Name of person giving Information Wm. B. Ayres	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cholera dysentery 05 How long 24 hours

Immediate " " How long " "

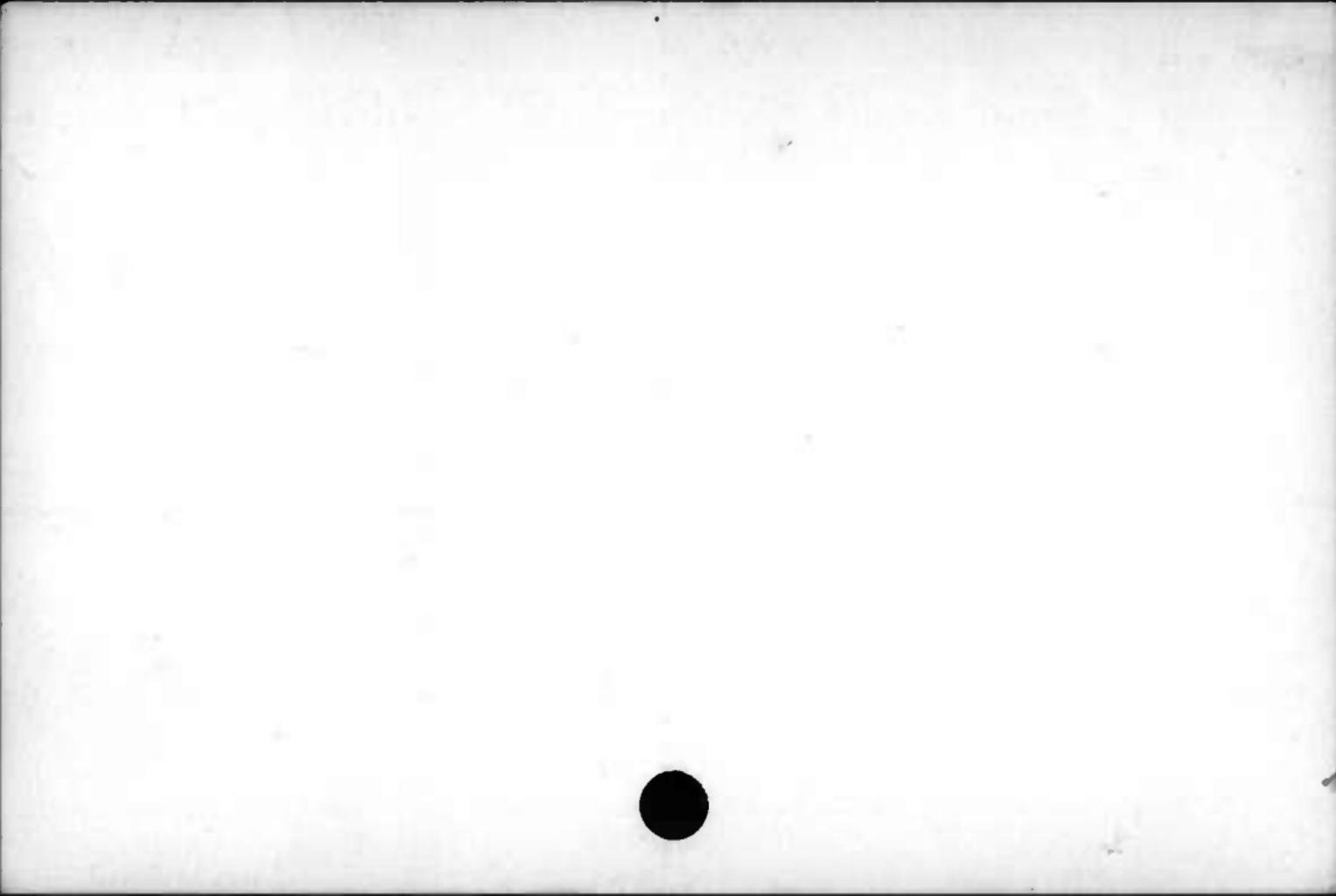
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. Ayres, M.D.  
Gittings, Ind.

Accident or Suicide?



Name  
in  
Full

Geo. H. E. Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	Baltimore MARYLAND		
Date of death 1903	Month 8	Day 28	Years 71	Months	Days
Sex Male	Color or Race white	Occupation	Birth-place Maryland		
Married, Single or Widowed Single	Signature				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dementia  
Interstitial Nephritis

How long

21 yrs

Immediate

How long

One month

Are the name, age, sex, color, date and place correctly given above?

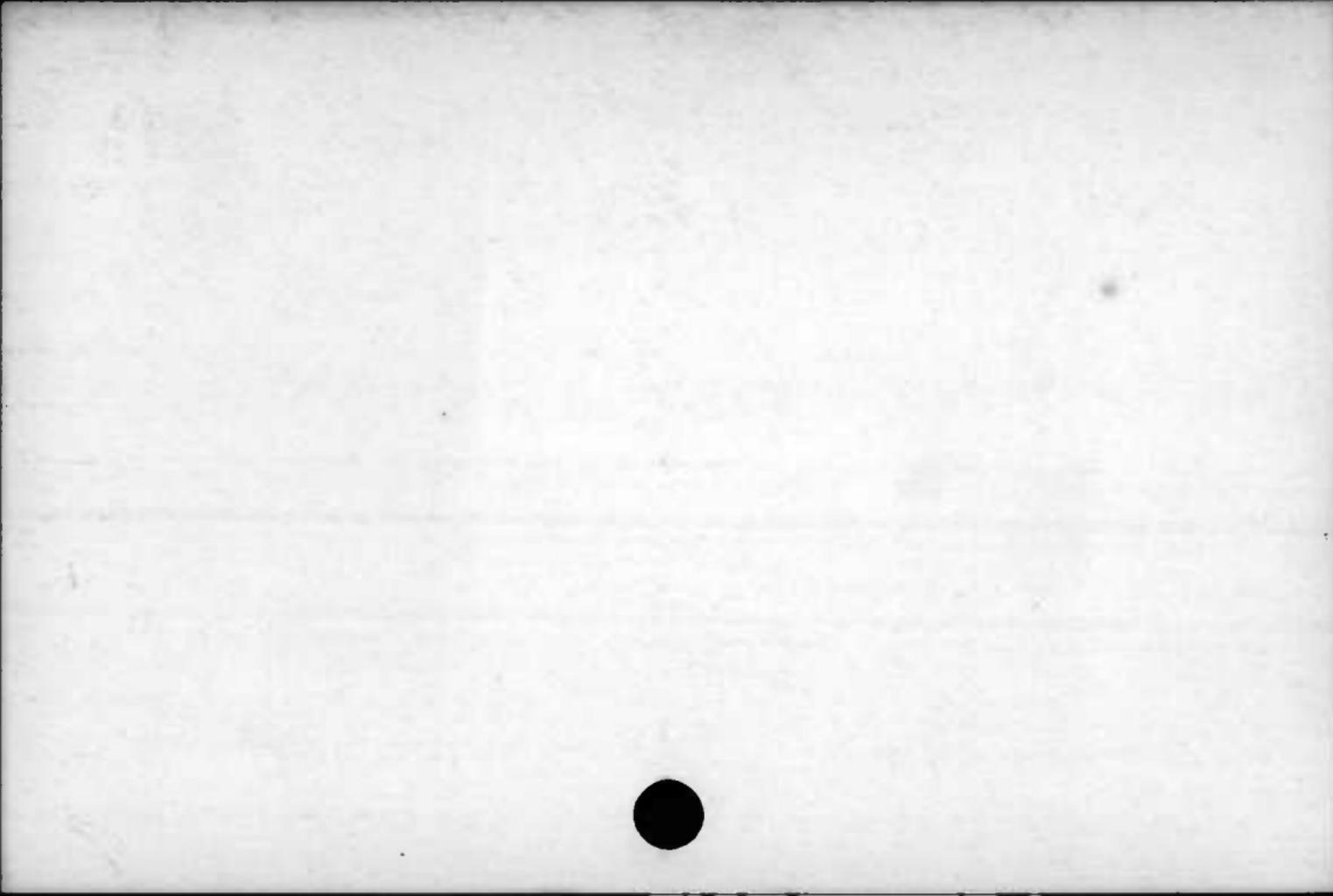
Yes

Signature of Physician

Address

Percy Wade  
Cafonsville

Accident or Suicide?



Name  
in  
Full

Magdeline Ruth Ballentine

CERTIFICATE OF DEATH

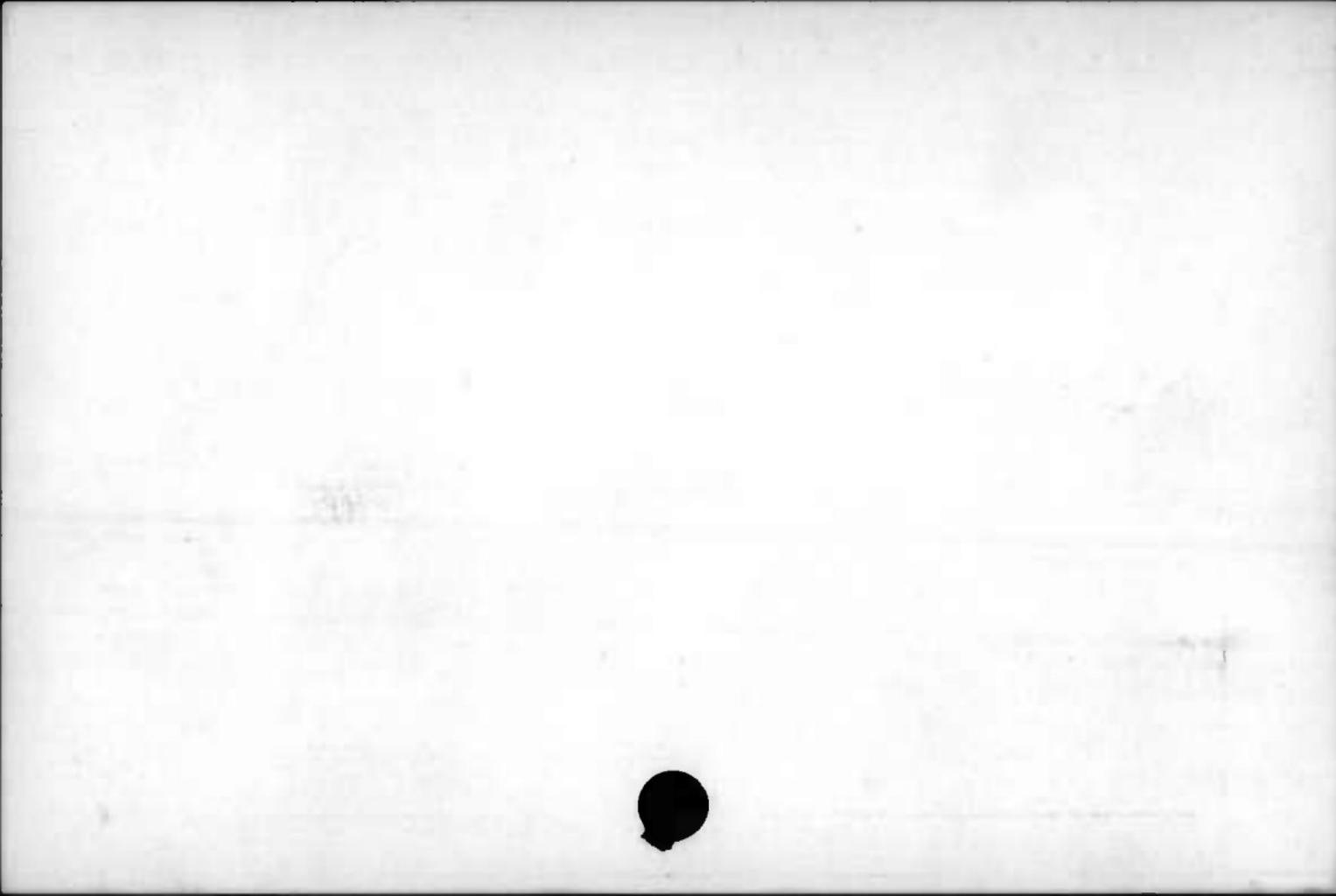
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Highlandtown	Baltimore	
Date of death 1903	Month Aug.	Day 25	Years _____
Sex Female	Color or Race white	Occupation _____	Months 2
Married, Single or Widowed	_____	Occupation	Days 2
Name of Wife or Husband	_____	Occupation	Birthplace Highlandtown
Father's Name	Arthur Ballentine	Father's Birthplace U.S.	
Mother's Maiden Name	Catherine Lemming	Mother's Birthplace U.S.	
Name of person giving Information	Mother	How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	How long	2 weeks.
Immediate	cholera infantum	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. A. Glantz
		Address	41 Eastern Av. Ext.
Accident or Suicide?			



Name  
in  
Full

C alder Berry

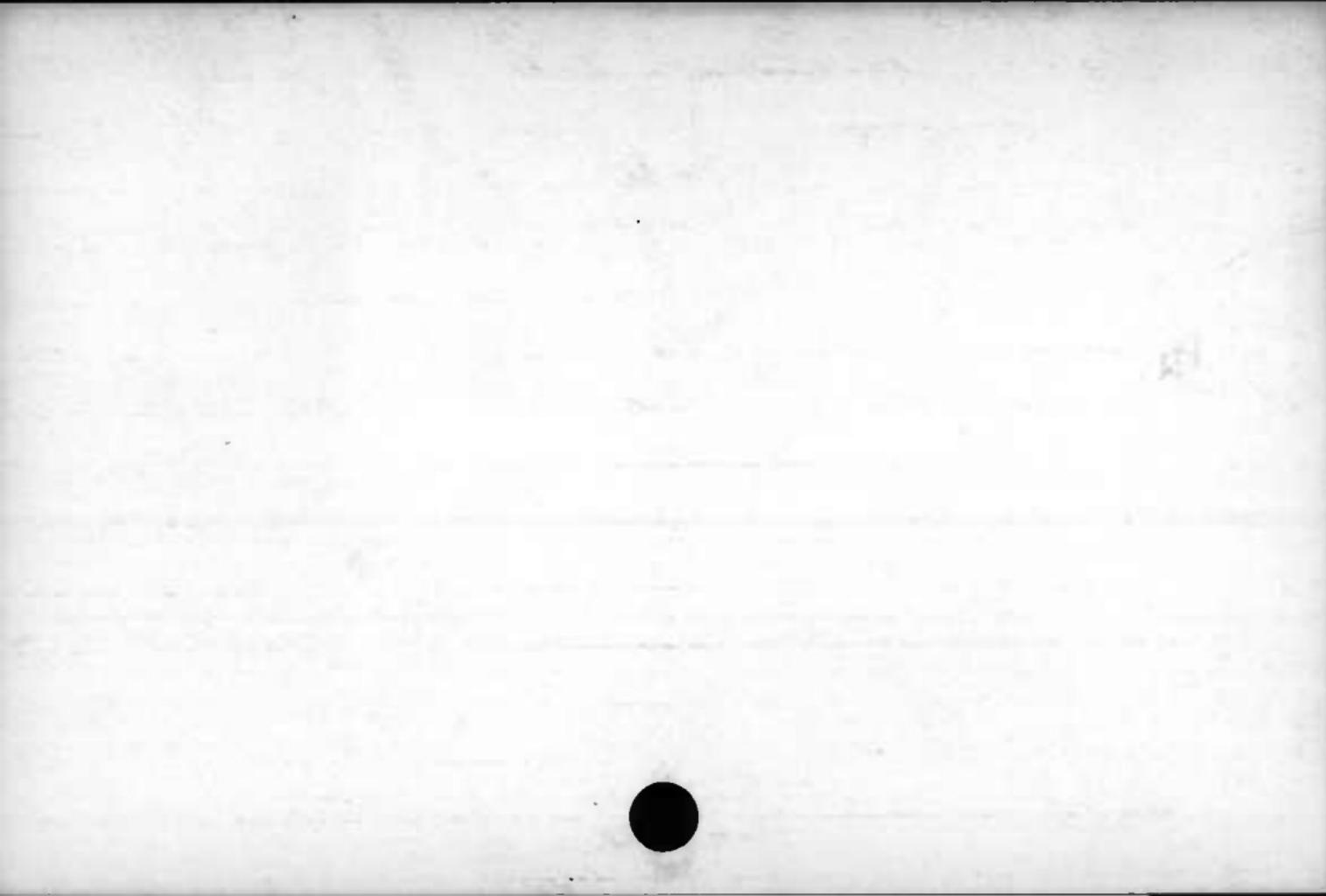
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 15	Age 8	Years 8	Months 8 Days 3
Sex Male	Color or Race Negro	Occupation	Maryland		
Married, Single or Widowed	Single	none			
Name of Wife or Husband					
Father's Name	Alexander Berry	Father's Birthplace	Maryland		
Mother's Maiden Name	Laura Goolans	Mother's Birthplace	Maryland		
Name of person giving information	Laura Berry	How related to deceased	Mother		

CAUSES OF DEATH

Primary	Epilepsy	76	How long	7 years
Immediate	Epilepsy	76	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. Millard Stirling, M.D.	
		Address	Shane, Md.	
Accident or Suicide?				



Name in Full

Certificate of Death

Elsie Bishop

Town

County

Died at

Milvale

Balt.

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 20

Age 18 8 3

Md

House work

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name

Thos. Bishop

Mother's Maiden Name  
Annie Bishop

Cause of

Primary

Typhoid Fever

How long sick

about 9 weeks

Death

Immediate

Phthisis Pulmonalis

Accident, Suicide, Homicide

Reported by

S. R. Wantz M.D.

Address

765- 3rd Ave Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bee Hill Cemetery  
A. S. Macs hall  
3539 tall Road

Name  
in  
Full

Valentine Bonner

CERTIFICATE OF DEATH

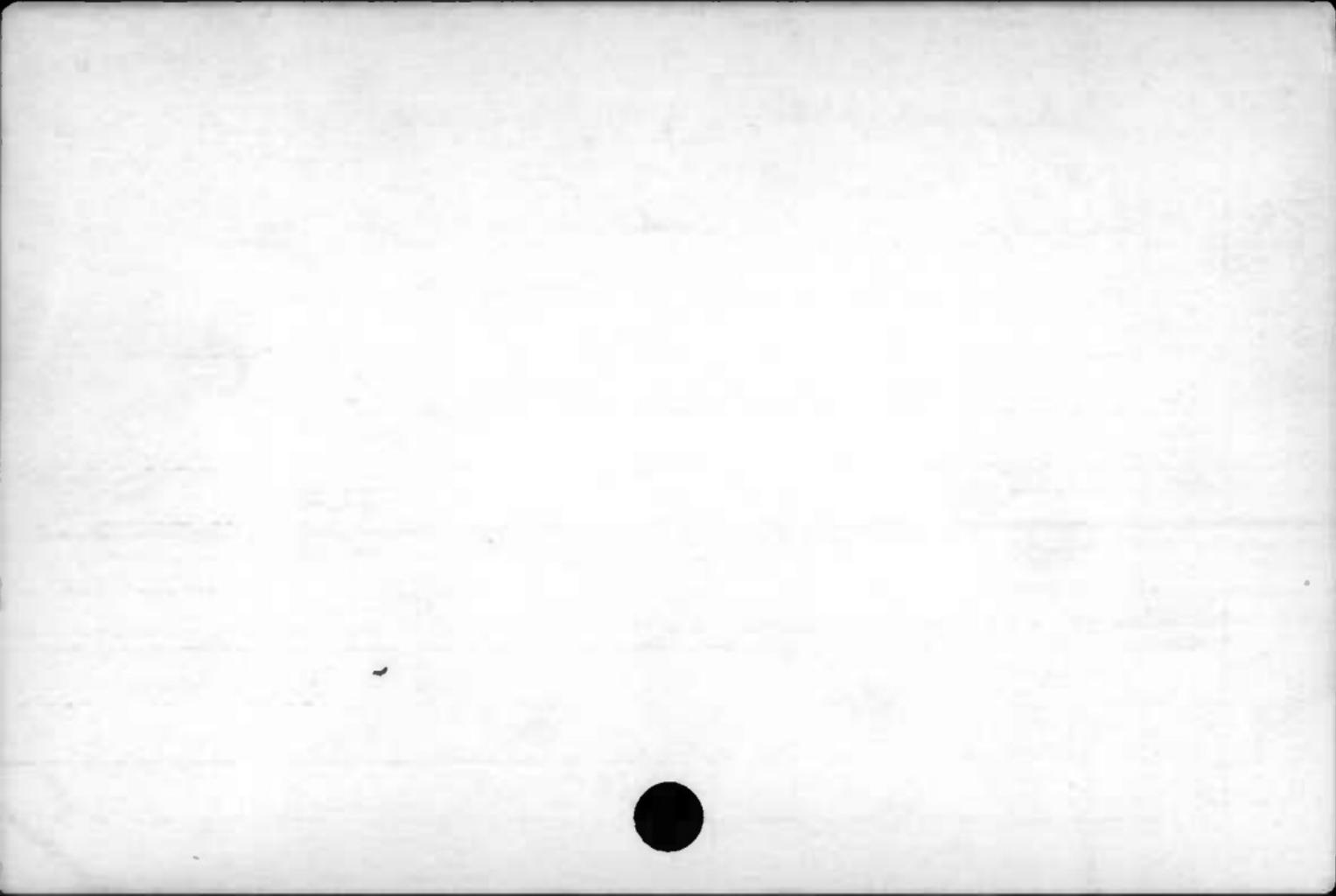
To BE ANSWERED BY  
NEAREST FRIEND

Died at Jacksonville		County Baltimore		MARYLAND		
Date of death 1903	Month Aug.	Day 15	Years Age 82	Months 7	Days 24	
Sex male	Color or Race white	Birth-place Germany				
Married, Single or Widowed widow	Occupation blacksmith					
Name of Wife or Husband						
Father's Name not known	Father's Birthplace Germany					
Mother's Maiden Name not known	Mother's Birthplace Germany					
Name of person giving Information John B. Koerner	How related to deceased step-son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart disease	How long 3 years
Immediate Enteritis	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Thos. H. Emory M.D.
	Address Hess, Ind.
Accident or Suicide? no	



Carl Edward Bosley

Town

Musketon

County

Balls.

MARYLAND

Died at

Date 1903

Month Aug. Day 19

Y. 13 M. 10 D. 10

Native of N.Y.

Male

Age 13  
Married

Widow

Occupation Farmer

Female

White

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Edward A. Bosley

Mother's Maiden Name

Mary A. Queen

How long sick

6 days

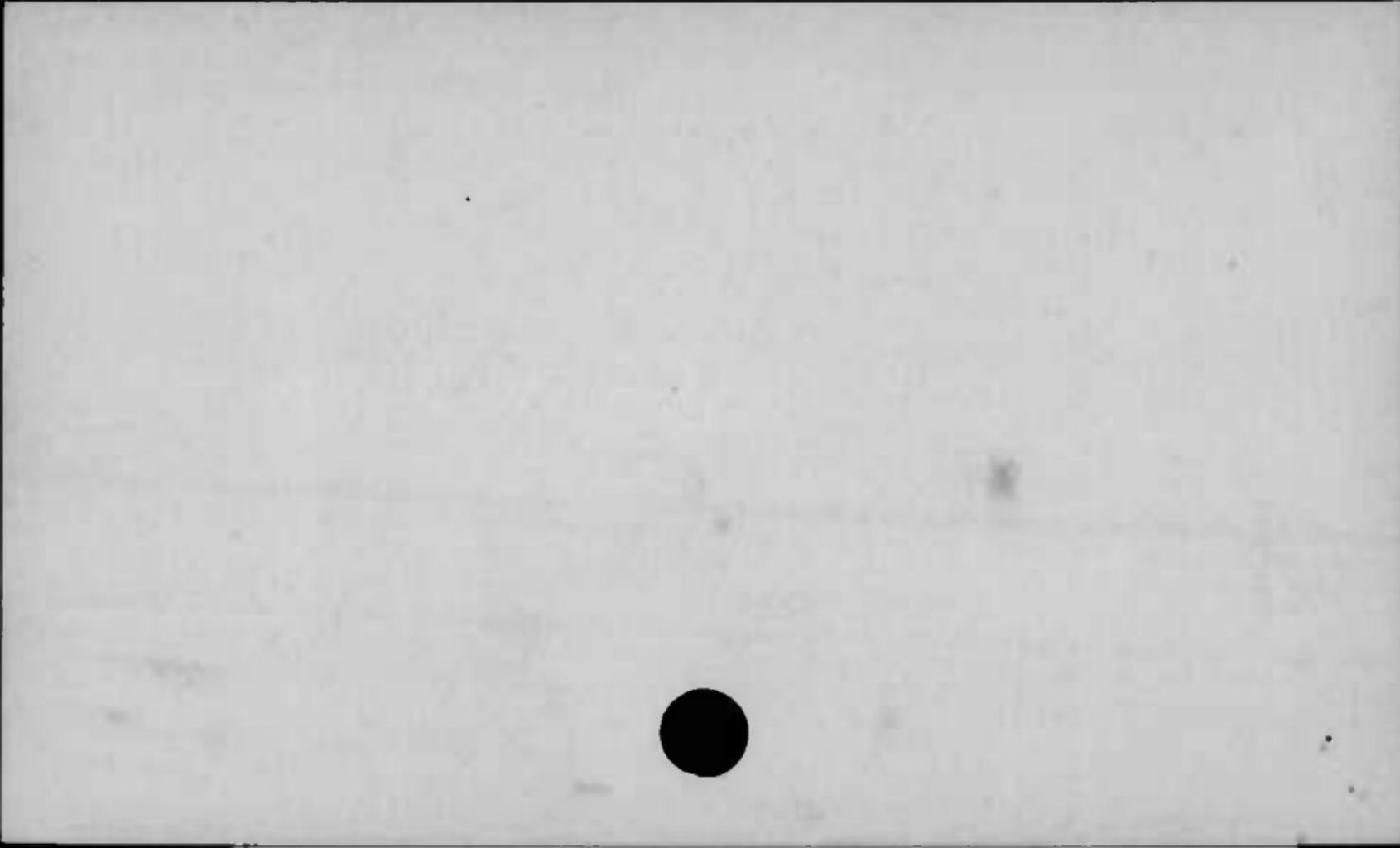
Accident, Suicide, Homicide

Reported by

T. Ross Payne M.D.  
Corbet

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month 8	Day 23	Age 35	Years	Months	Days 9
Sex Female	Color or Race	white		Birth-place	Trenton	
Married, Single or Widowed	Occupation	Housewife				
Name of Wife or Husband	Thomas E Bosley					
Father's Name	William Curtis					
Mother's Maiden Name	Cathrin E Curtis					
Name of person giving Information	John H. Miller 94					
CAUSES OF DEATH						

Primary	Relapsing Fever + Pluricity		How long	7 days
Immediate	Heart Failure		How long	12 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

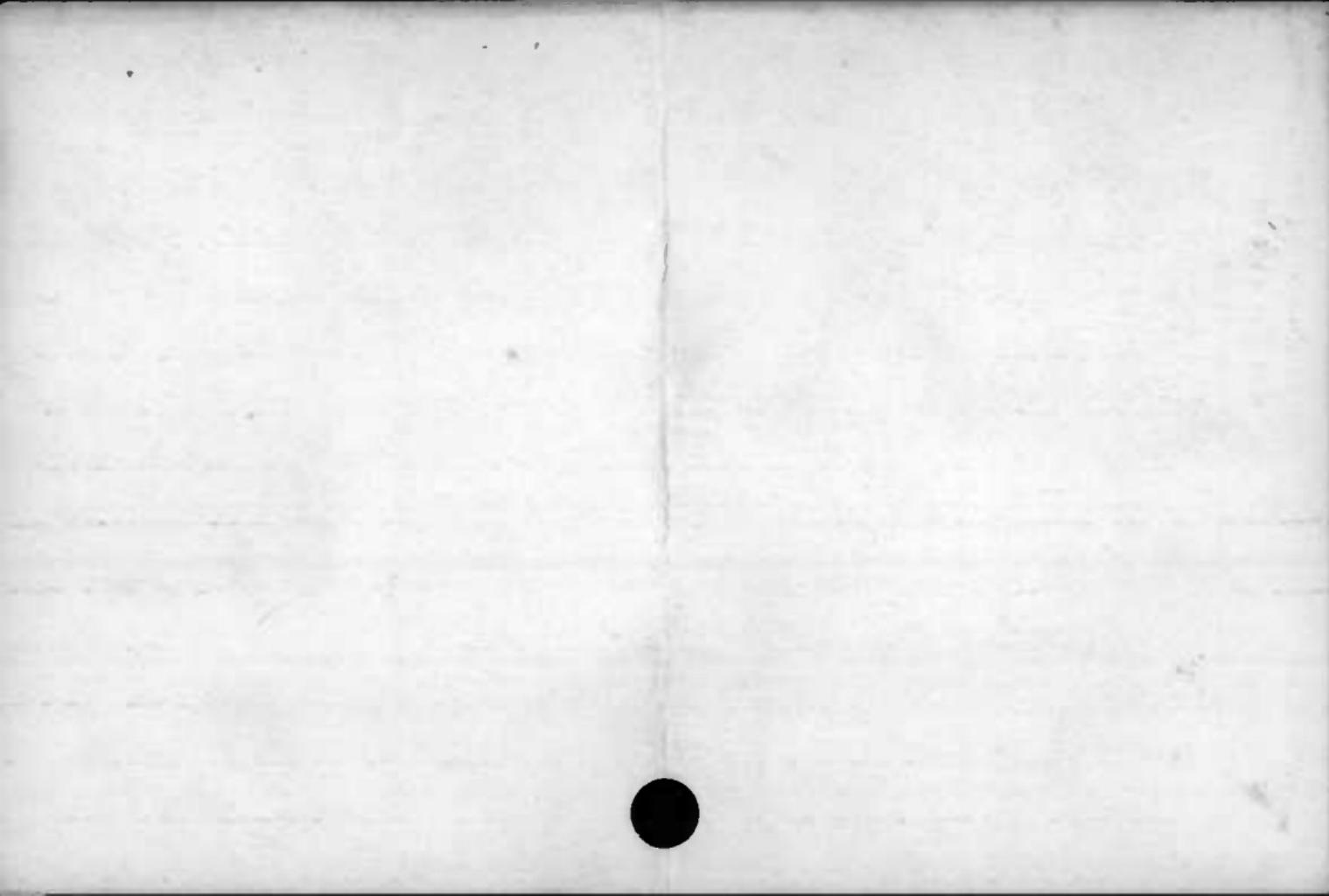
D. M. Rush, M.D.

Address

Buckleysville, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



No name

Town County MARYLAND  
Died at Lomedowne Bolles

Date 1903	Month Aug	Day 7	Y. Still Born	M.	D.	Native of —	Occupation —
Male	White		Married	Widow	Divorced		
Female	Colored		Single	Widower	Number of children living		

Husband of  
Wife

Father's Name Thos J Bound Mother's Name Inezelle Bounds

Cause of Death	Primary	Still born	How long sick
	Immediate		Accident Suicide Homicide

Reported by

Arthur Williams M.D.

Address

Eckridge • Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

George Edgar Bowen

CERTIFICATE OF DEATH

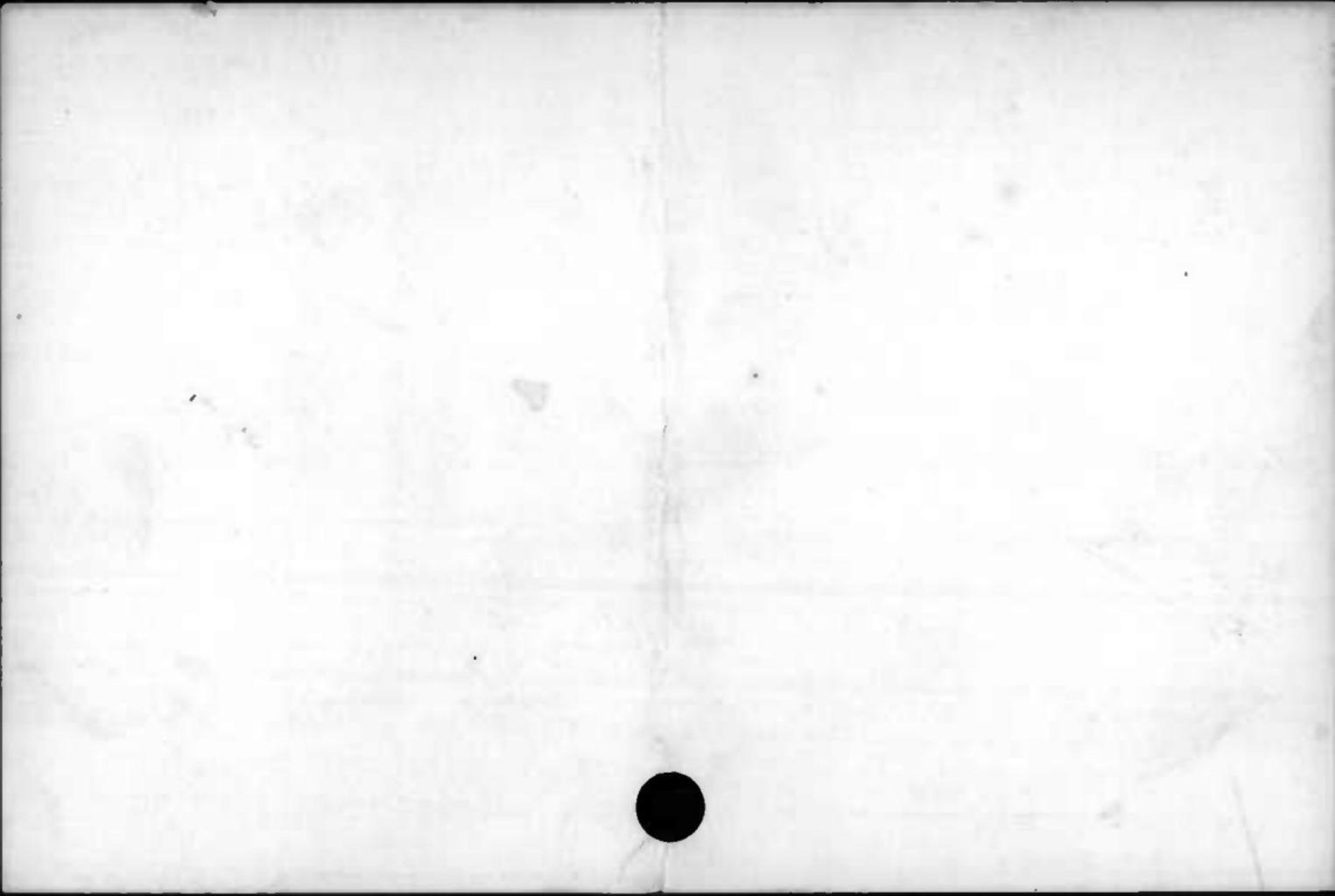
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Buckleyville	Baltimore						
Date of death 1909	Month 8	Day 1st	Age 2	Years 0	Months 0	Days 8	
Sex male	Color or Race white	Birth-place Buckleyville					
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name	George Bowen			Father's Birthplace Forest, Md			
Mother's Maiden Name	Jennie Bull			Mother's Birthplace Buckleyville			
Name of person giving information	Webster Alvar			How related to deceased son.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebro-spinal meningitis.		How long 5-days
Immediate	bonar & weat disease		How long 24 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Dr. Kersh W. D	Address Buckleyville, Md.
Accident or Suicide?			



Name  
in  
Full

W<sup>a</sup> Edward. Brannan

CERTIFICATE OF DEATH

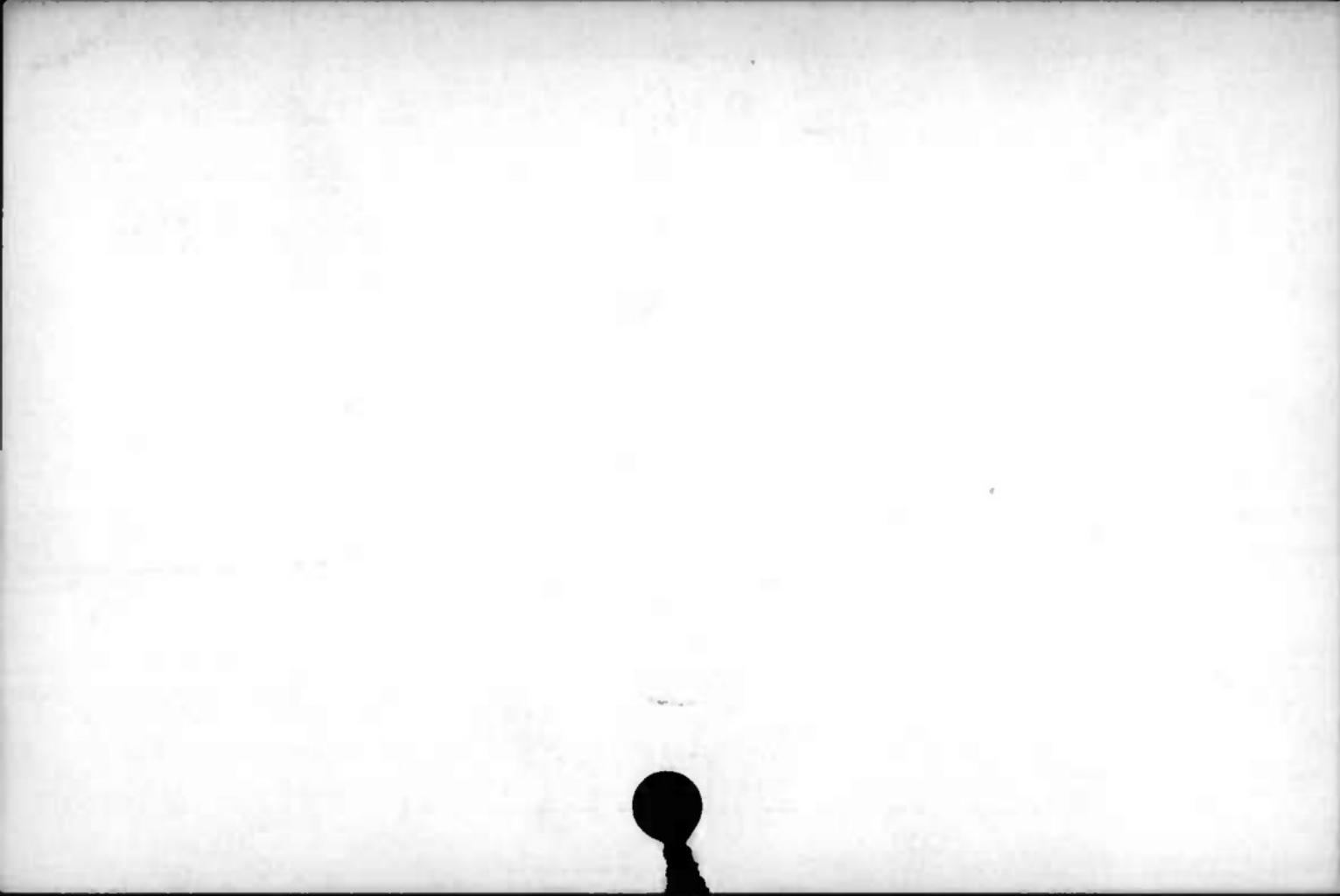
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	Baltimore	MARYLAND
Date of death 1903	Month Aug	Day 31	Years 1	Months	Days
Sex Male	Color or Race	White		Birth-place	Baltimore Co.
Married, Single or Widowed	Single	Occupation		none	
Name of Wife or Husband	—				
Father's Name	Charles J Brannan			Father's Birthplace	U.S.A
Mother's Maiden Name	Annie V Biddison			Mother's Birthplace	U.S.A
Name of person giving Information	Charles Brannan			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro Enteritis	105	How long	today
Immediate	Convulsions	.	How long	6 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. H. Steely	
		Address	2 - Hudson St	
Accident or Suicide?				



Name  
in  
Full

Ann N Brown

CERTIFICATE OF DEATH

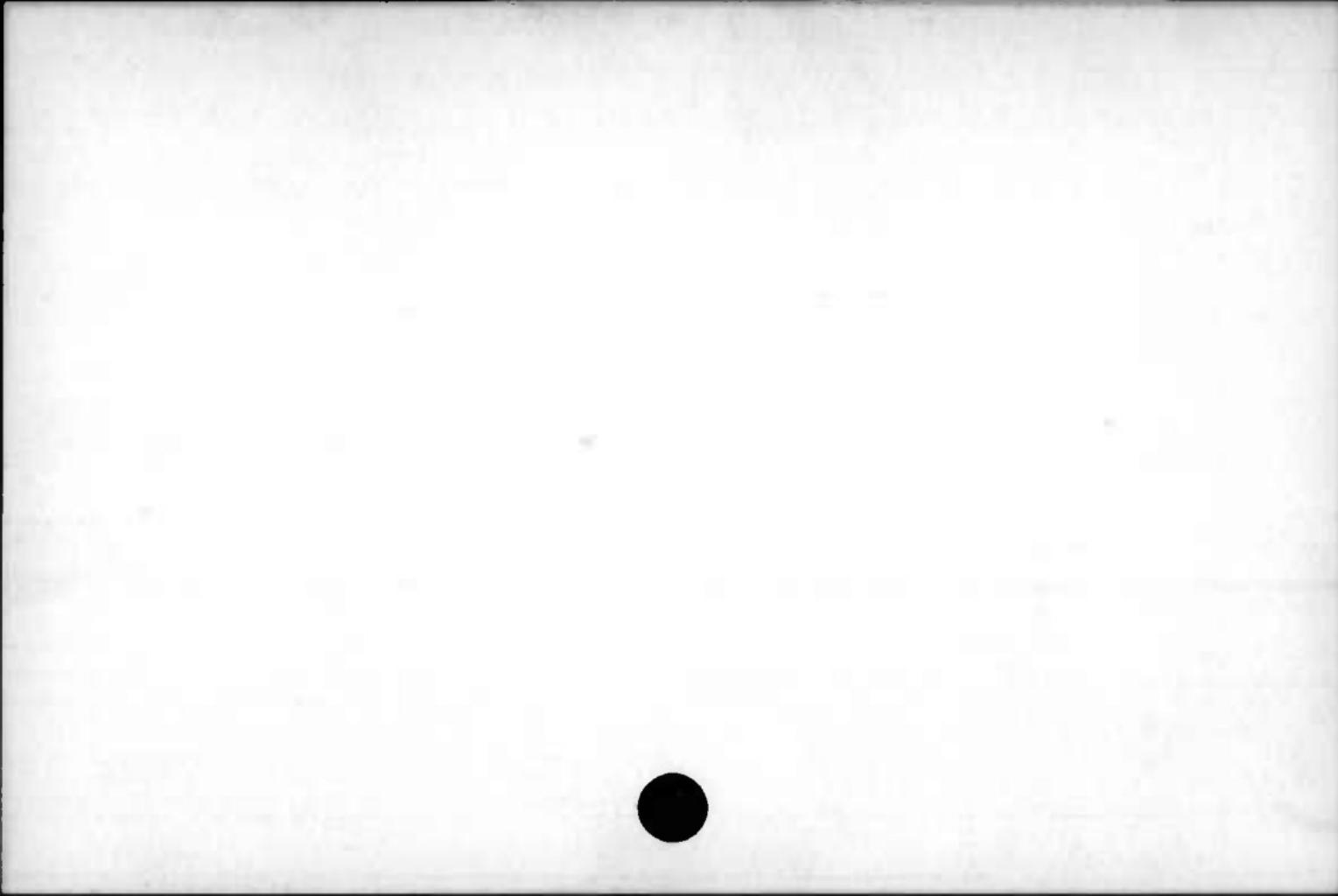
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Gowans town	Balto	8	28	Days
Date of death 1903	Month Aug	Day 1 <sup>st</sup>	Years 69	Months	Days
Sex Female	Color or Race white	Birth-place Greensburg Pa			
Married, Single or Widowed widow	Occupation Housewife				
Name of Wife or Husband A W Brown					
Father's Name Thos Nicholson	Father's Birthplace Pa				
Mother's Maiden Name Mary Ann Buffle	Mother's Birthplace Pa				
Name of person giving information Mrs Ella B Heas	How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro Enteritis	How long 105	How long	two months
Immediate	Ulceration of Intestines	How long	12 hours	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joe Morris Jnd	
		Address	St. Agnes Hospital Balto Md.	
Accident or Suicide?				



Name  
in  
Full

Thomas W. Brundige

CERTIFICATE OF DEATH

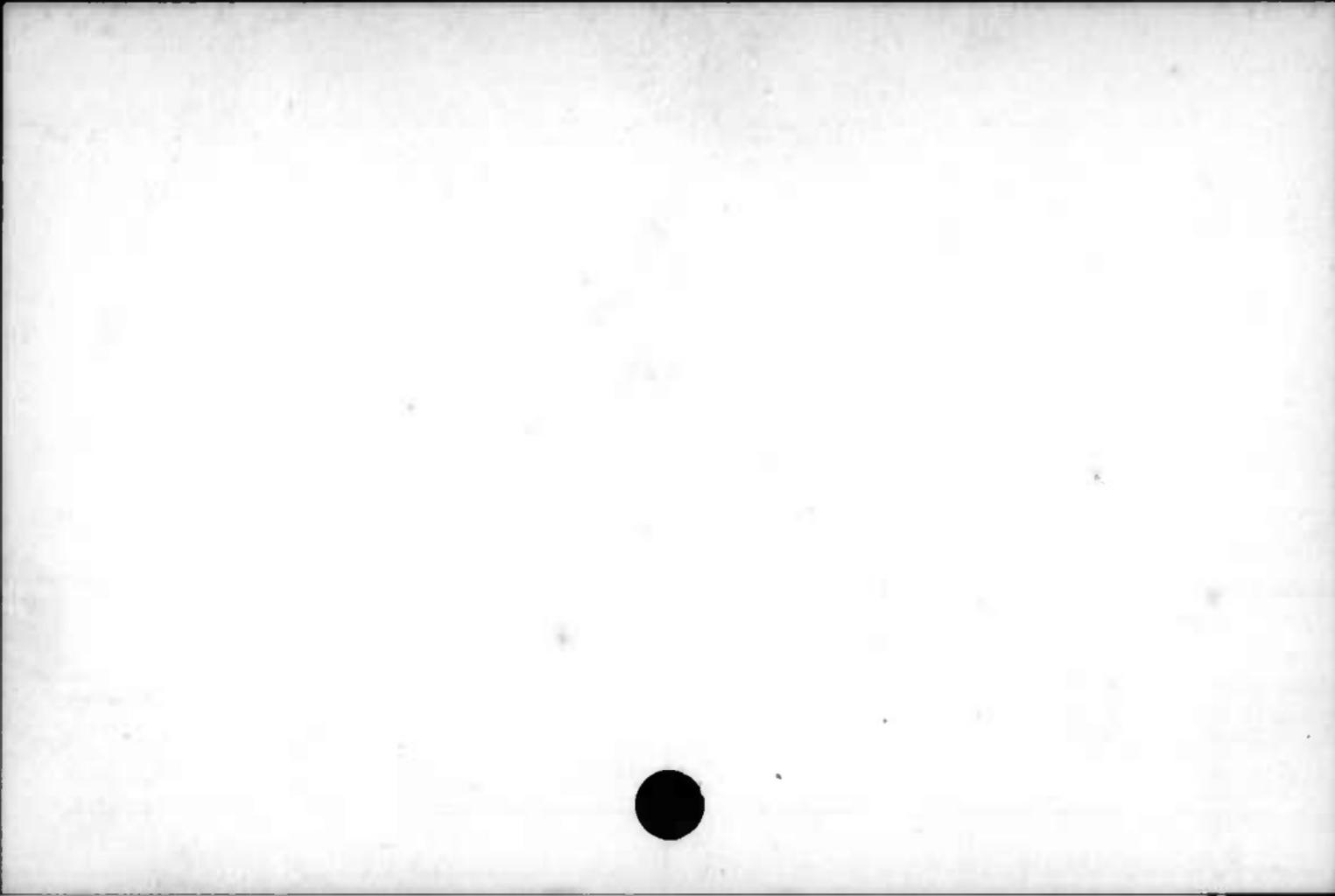
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation			
Mother's Name	Widower	Retired			
Name of Wife or Husband					
Father's Name	James Brundige	Father's Birthplace	armpathies virginia		
Mother's Maiden Name	Rebecca Worthington	Mother's Birthplace	Maryland		
Name of person giving information	Thomas W Brundige	How related to deceased	Sons		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery	14	How long	3 days
Immediate	Collapse & exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. L. Duncan
			Address	Gorans town
Accident or Suicide?				Med



Name  
in  
Full

Eleanor Emily Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 3 <sup>rd</sup>	Years 67	Months 4	Days 0
Sex Female	Color or Race white	Birth-place Baltimore			
Married, Single or Widowed Maiden	Occupation Lady				
Name of Wife or Husband John M. Buck					
Father's Name Alexander Benson Cope				Father's Birthplace Baltimore	
Mother's Maiden Name Margaret E. Thompson				Mother's Birthplace Annapolis	
Name of person giving information Mrs. John B. Myers				How related to deceased Daughter	By steam

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Aortic Regurgitation	79	How long 3 yrs.
	Immediate	Acute Myphitis		How long 5 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Address	N. V. Mark 940 Madison Av
Accident or Suicide?				

Stewart & Morris

Undertakers

Name in Full

Certificate of Death

Rachael Ann Carroll.

Town

Wishland

County

Balto.

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Male

Age

Age

58 3

Widow

Native of

Md

Occupation

Housekeeper

Female

White

Colored

Married

Single

Divorced

Divorced

Number of children living

Husband of

Wife

Father's Name

John Carroll.

Mother's

Maiden Name

Cause of Death

Primary

Immediate

Chronic endocarditis. Not known

Chronic Parenchymalitis

How long sick

6 months

Death

Pulmonary Oedema.

Accident, Suicide, Homicide

Reported by

Wilmer C. Ensor M.D. / 20  
Cockeysville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

Verona

County

Baltimore

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

36.8.13

Native of

Md.

Occupation

Housewife

Male

White

Age  
Married

Widow

DivorcedFemale

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Fraunce Cole Deceased  
 George Gospuck Mother's Name  
 May Jaw Eusor  
 Primary Cause of death  
 By center of  
 Immediate Cerebral Spasms

How long sick  
 4 weeks

Accident, Suicide, Homicide

F.G. Mitchell  
 Verona P.O. Baltimore Co.  
 W. M. d.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Name  
in  
Full

Couser, Susan J.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 6	Age 80	Years	Months Days
Sex Female	Color or Race white	Occupation None	Birth-place Md.		
Married, Single or Widowed Widowed					
Name of Wife or Husband X					
Father's Name X				Father's Birthplace X	
Mother's Maiden Name X				Mother's Birthplace X	
Name of person giving Information X	by			How related to deceased X	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epileptic Insanity	How long	30 years.
Immediate	Cerebral Effusion	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ora Nade
		Address	Leatonsville, Md.
Accident or Suicide?		No.	



Name  
in  
Full

To BE ANSWERED BY.  
NEAREST FRIEND

George W. Coaster

Town County

CERTIFICATE OF DEATH

MARYLAND

Died at

Emory Grove Baltimore

Date  
of death 190

Month

Day

Years

Months

Days

3 Aug

28

Age

36

Sex

Color or  
Race

Male white

Birth-  
place

Baltimore

Married, Single  
or Widowed

Occupation

married

Architect & Builder

Name of Wife or  
Husband

Mollie M. Mercer

Father's  
Name

James H. Coaster

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Caroline H. Kraft

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

James H. Coaster

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Hearst tumor

How long

One hour

Immediate

Embolism followed by paralysis

How long

Two days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

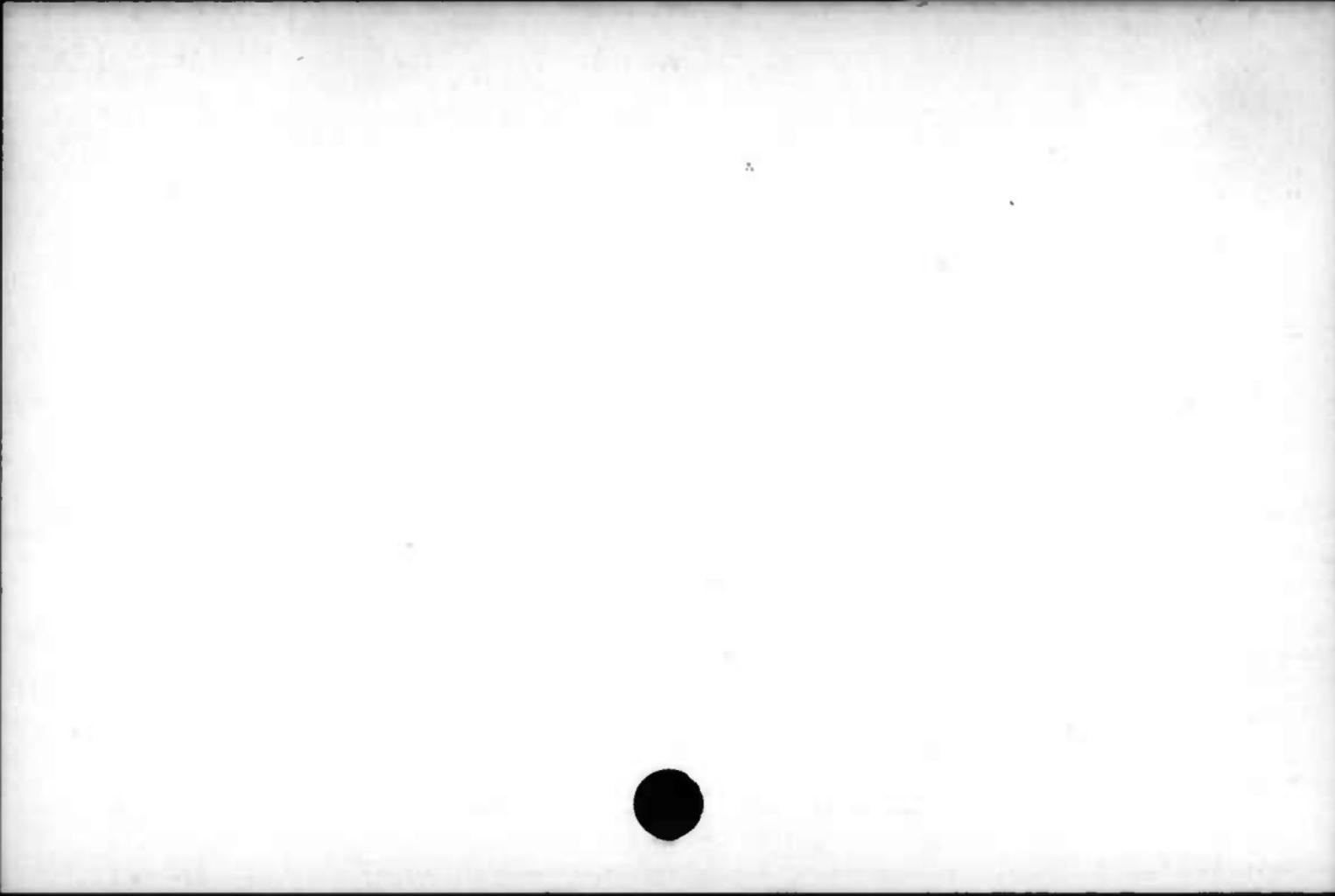
Yes

Signature of  
Physician

Address

J. R. and Grace  
Glynn, Jr.

Accident or Suicide?



Name in Full

Certificate of Death

Phos. Covaley Jr.  
Town Beaverdams County Salis.

Died at

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	8	31		Age	7			
Male	White	<u>Married</u>			Widow	<u>Divorced</u>		
<u>Female</u>	Colored	<u>Single</u>			Widower	<u>Number of children living</u>		

Husband of

Wife

Father's Name

Cause of Death

Death

Reported by

Address

Phos. J Covaley	Mother's Maiden Name	Mary E. Brady
Primary		How long sick
Immediate	Pneumonia	4 days
	.93/	Accident, Suicide, Homicide
Dr. Phos. C. Bussay		
Texas		
Md		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Maud E Crofton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	34
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Unknown	Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown	
Name of person giving information	W. P. White	157	How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hysteria	How long	5' Mos.
Immediate	Strangulation by hanging	How long	.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Coroner	Henry P. Whickey
		Address	Baltimore Md
Accident	Suicide?		



Name  
in  
Full

Lena Cuddy  
Parkton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Tex	County Balt	MARYLAND				
Date of death 1903	Month Aug	Day 27	Age 72	Years	Months	Days
Sex Female	Color or Race white	Birth-place Pa				
Married, Single or Widowed married	Occupation House wife					
Name of Wife or Husband W.R. Cuddy						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information W.R. Cuddy	How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apoplectic fit

How long

8 hrs

Immediate

How long

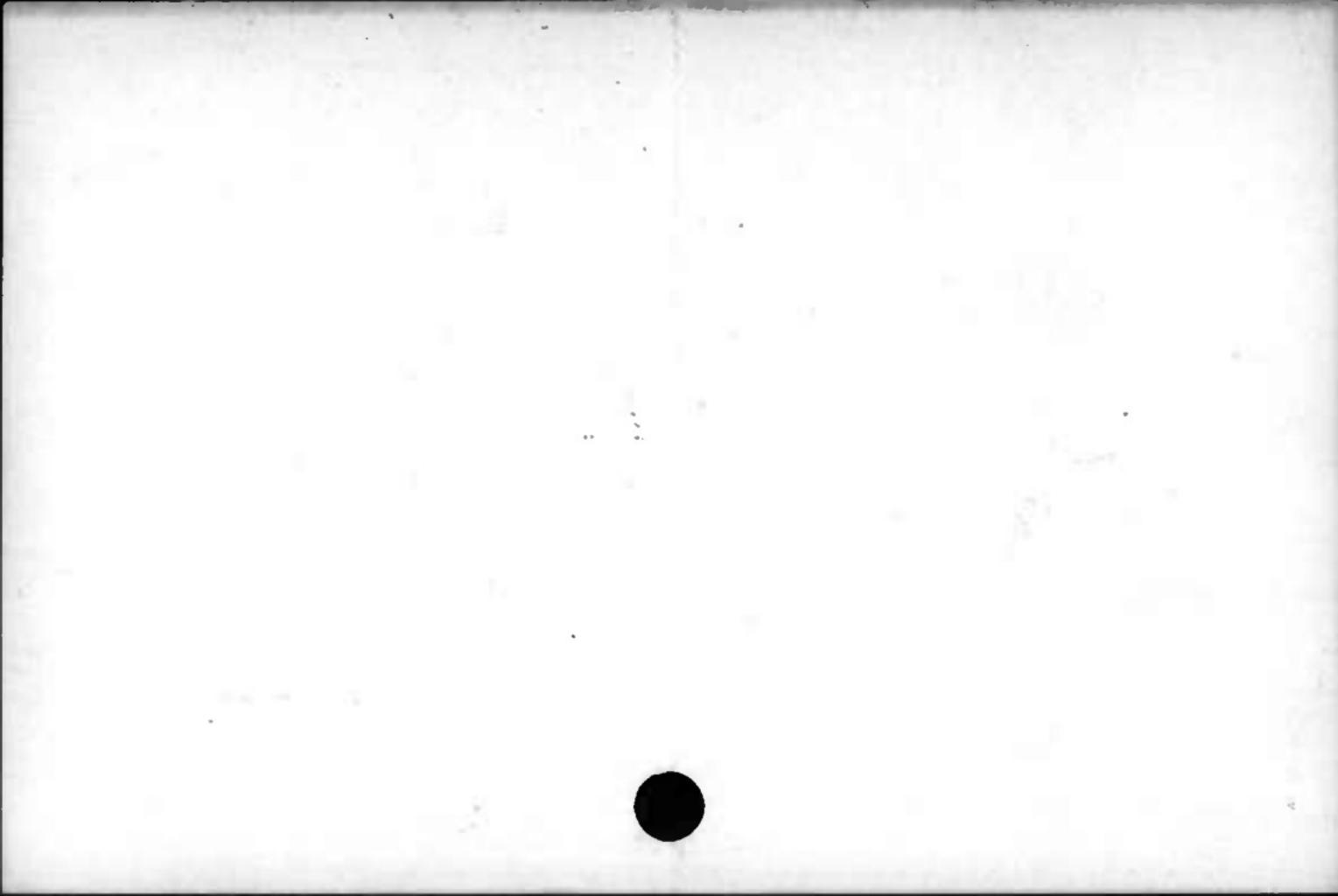
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.R. Morris  
Parkton  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Callan

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Died at	Mc Hoppelbreath		Balto Co			
Date of death	1903 Aug	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White			
Occupation	Labour		Where Residing if not at place of death	188 High St Baltim		
Married, Sing or Widowed	Widower	Name of Wife or Husband				
Father's Name			Father's Birthplace	Ireland		
Mother's Maiden Name			Mother's Birthplace	"		
Name of person giving information	Recd At Hope Rept		How related to deceased			

CAUSES OF DEATH

Primary	Mania Chronic	68	How long	-
Immediate	Ex- Tuberculosis -		How long	-

Are the name, age, sex, color, date and place correctly given above?

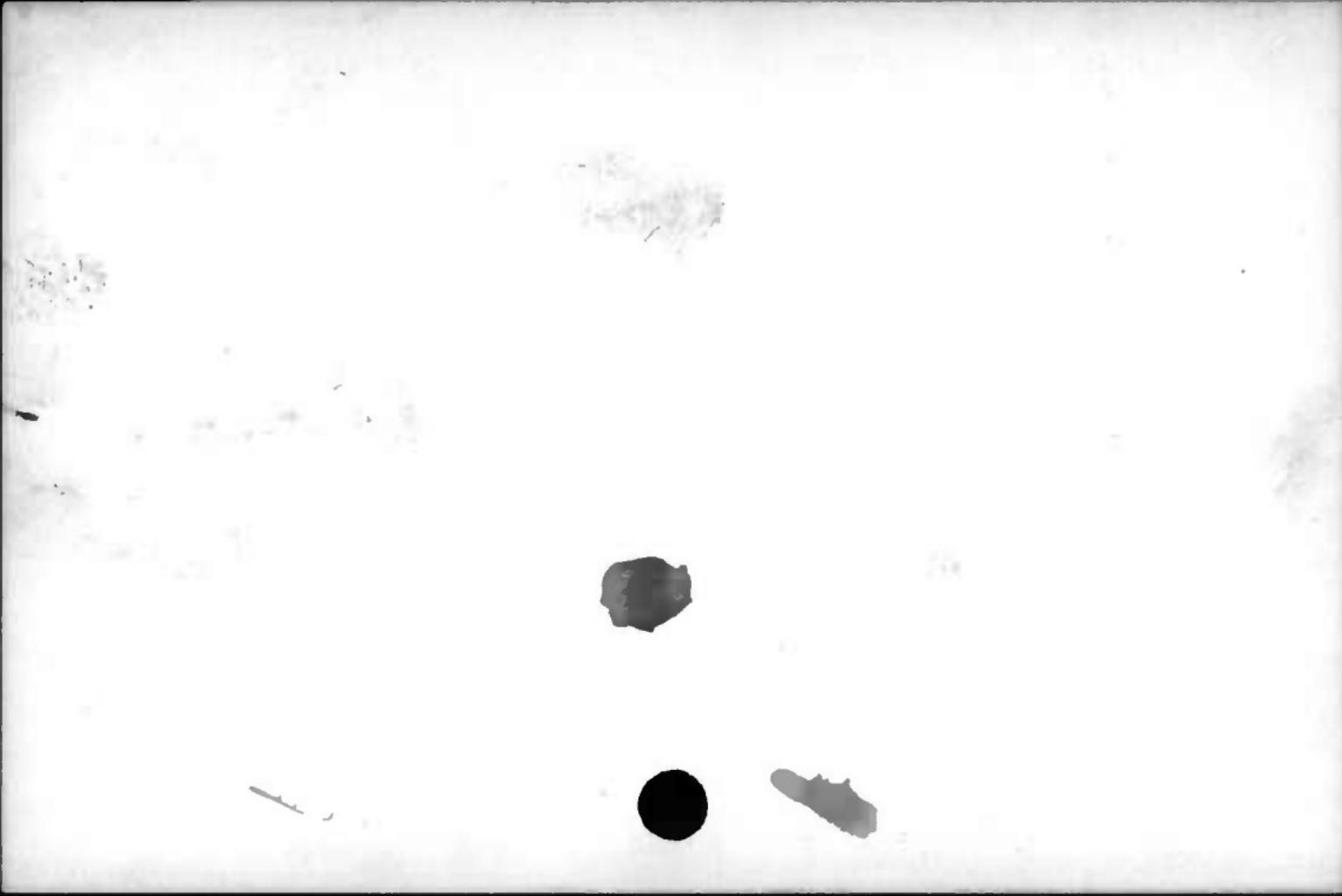
Yes

Signature of Physician

Address

Frank J. Flannery  
Mc Hoppelbreath -

Accident or Suicide?



Name  
in  
Full

Carlota A. Delcour

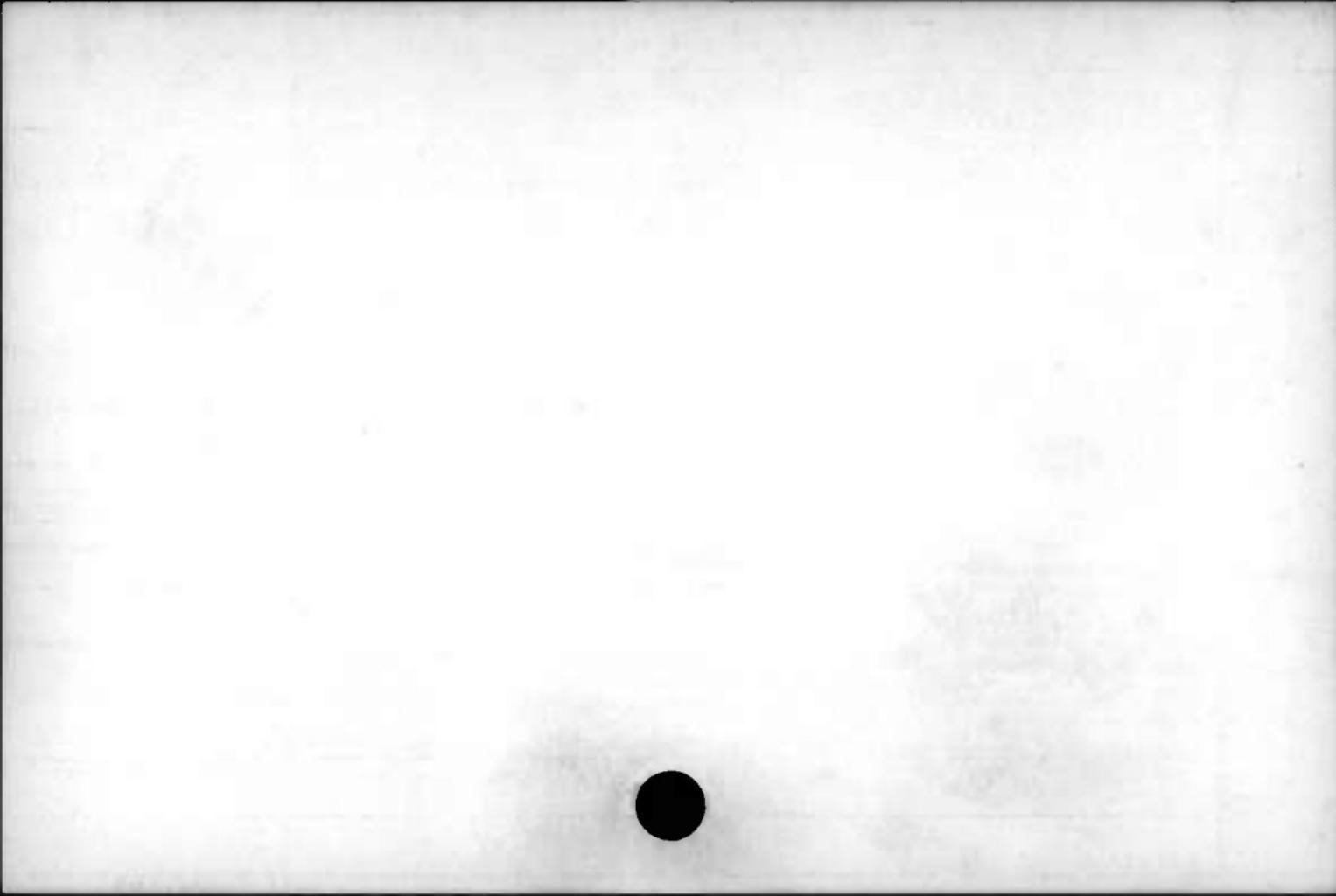
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 15	Years 1	Months 3	Days 1
Sex Female	Color or Race white	Birth-place Elliott City, Baltimore Co			
Married, Single or Widowed Single	Occupation —				
Name of Wife or Husband —					
Father's Name Gustave G. Delcour	Father's Birthplace Cuba				
Mother's Maiden Name Guillermine C. de Ballet	Mother's Birthplace Cuba				
Name of person giving Information Gustave G. Delcour	How related to deceased Father				

CAUSES OF DEATH

Primary	Chronic Intestinal Catarrh	105	How long 2 1/2 month
Immediate	acute Gastro. Enteritis	—	How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. M. Dabney MD.	
		Address 1031 Cathedral St., Baltimore.	
Accident or Suicide? —			



Name  
in  
Full

Davis, Daniel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Leulonsville	County	Baltimore	MARYLAND
Date of death 1903	Month Aug	Day 21	Years 70	Months	Days
Sex Male	Color or Race	white	Birth-place	Maryland	
Married, Single or Widowed	Occupation	Married	None		
Name of Wife or Husband		X			
Father's Name		X		Father's Birthplace	X
Mother's Maiden Name		X	V	Mother's Birthplace	X
Name of person giving Information		X		How related to deceased	X

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dementia.

How long

30 years

Immediate

Ch interstitial Nephritis

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

Yes

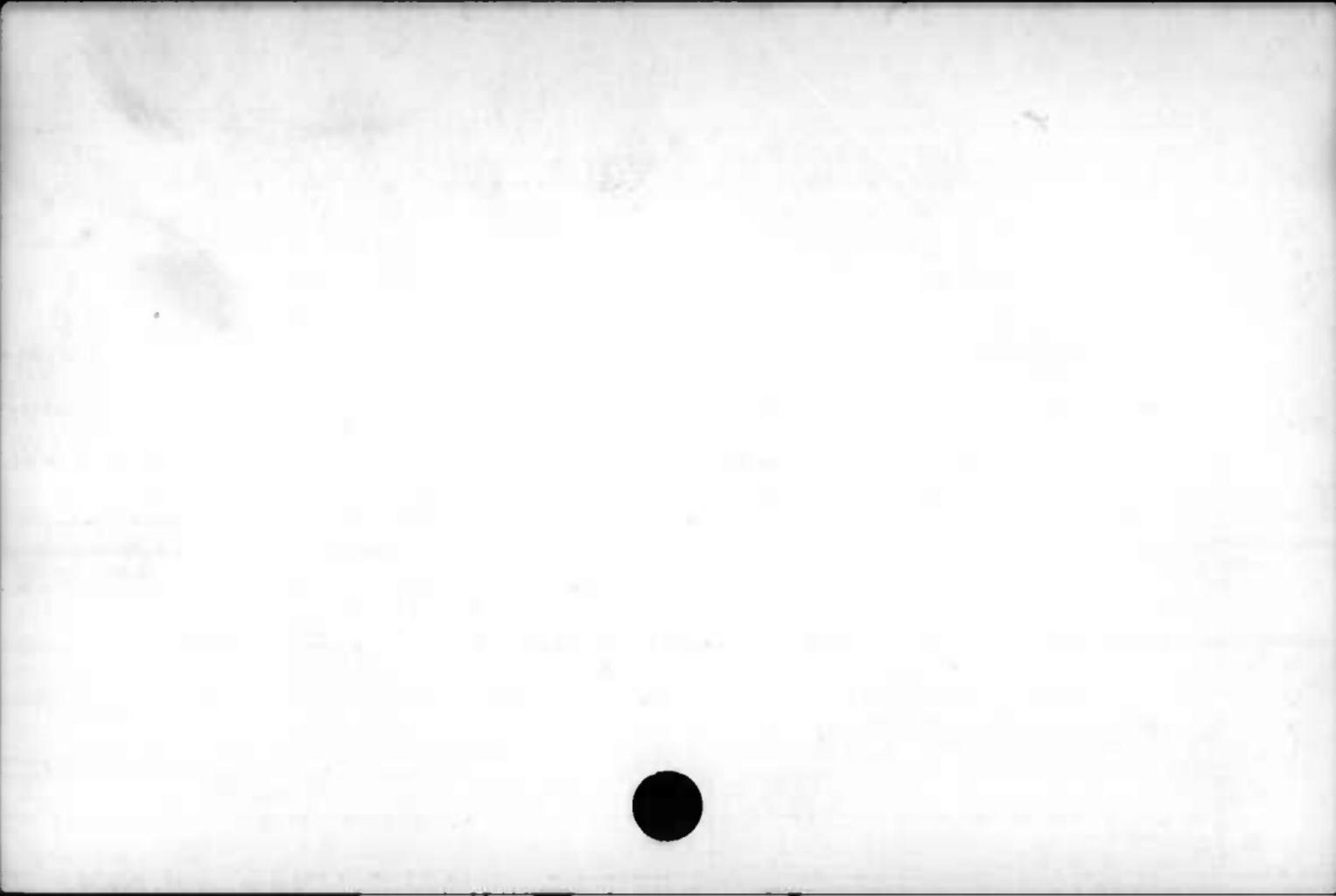
Signature of Physician

Address

J. Jerry nude,  
Leulonsville Md

Accident or Suicide?

No



Name  
in  
Full

Pattie Dawson

CERTIFICATE OF DEATH

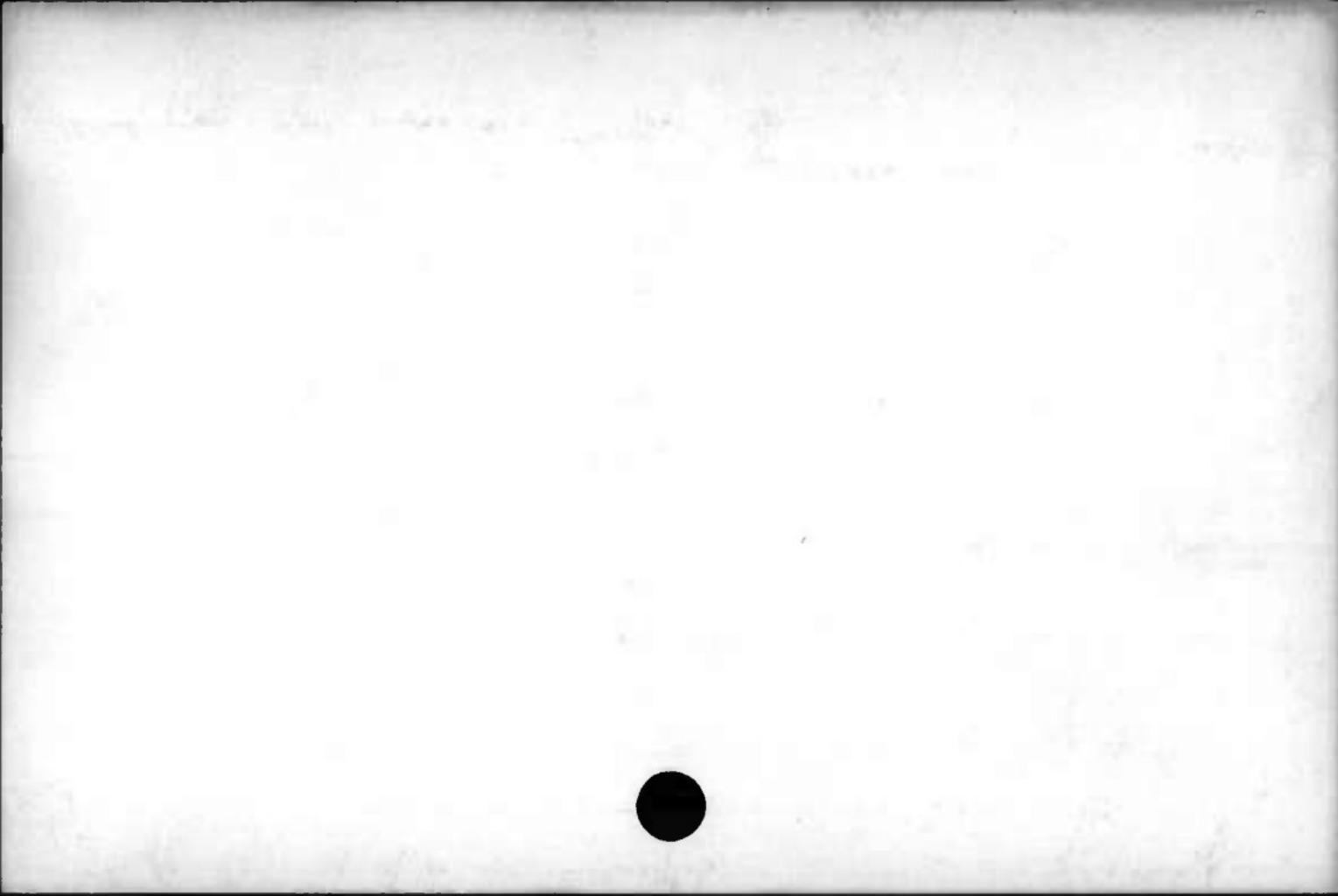
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Birmingham</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Aug</u>	Day <u>20th</u>	Years <u>Age 40</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>col</u>	Birth-place <u>Virginia</u>			
Married, Single or Widowed	Occupation <u>Housekeeper</u>				
Name of Wife or Husband	<u>Chas Dawson</u>				
Father's Name	<u>Edward Booker</u>				
Mother's Maiden Name	<u>—</u>				
Name of person giving Information	<u>Chas Dawson</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pelvic &amp; General Peritonitis</u>	How long <u>1m</u>
Immediate	<u>resulting from ovarian Abscess</u>	How long <u>1m</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John G. Ray Coroner</u>
		Address <u>320 Bank St., Highlandtown</u>
Accident or Suicide?		<u>Balto Co., Md</u>



Name  
in  
Full

Helen E Day

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore Co		MARYLAND		
Date of death 1903	Month Aug	Day 13	Age	Years	Months	Days
Sex Female	Color or Race	white				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	James Day			Father's Birthplace	Md	
Mother's Maiden Name	Minnie Vaughn			Mother's Birthplace	Md	
Name of person giving information	James Day			How related to deceased	Nathan	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough

How long

3 weeks

Immediate

Palsy

How long

1/2 hour

Are the name, age, sex, color, date and place correctly given above?

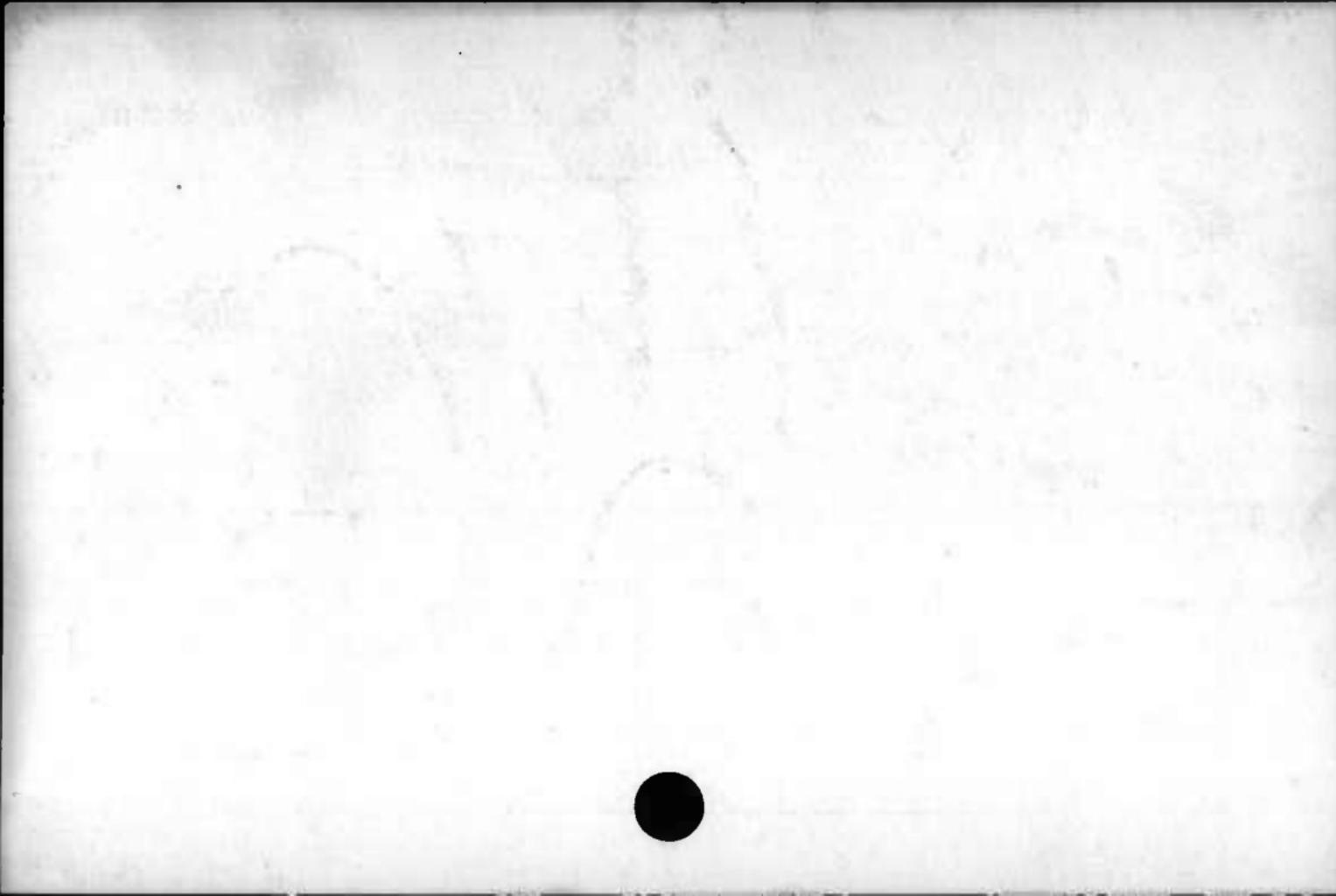
Yes

Signature of Physician

Address

Mother Bleyer and  
West 115 111

Accident or Suicide?



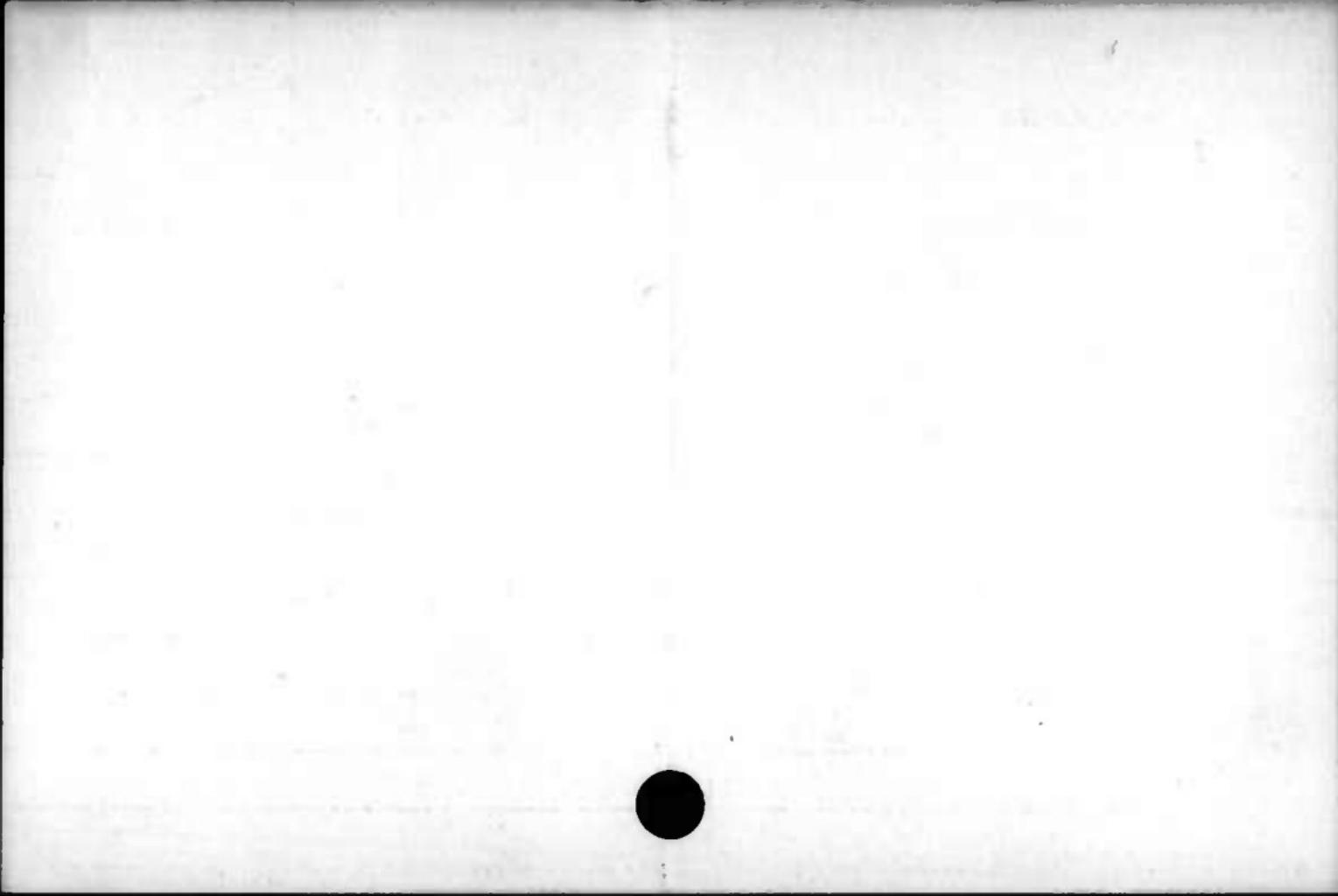
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<h1>Richard Dugan S.J.</h1>						CERTIFICATE OF DEATH	
Died at <u>Woodstock College</u> Town <u>Baltimore</u> County			MARYLAND				
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>7</u>	Age <u>64</u>	Years	Months <u>6</u>	Days <u>11</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>London England</u>					
Married, Single or Widowed <u>Singl</u>	Occupation <u>none</u>						
Name of Wife or Husband <u></u>							
Father's Name <u>not known</u>	Father's Birthplace <u>Ireland</u>						
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>Ireland</u>						
Name of person giving information <u>Rector Trinity S.J.</u>	How related to deceased <u>none</u>						

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Ryan's heart disease of chronic insipidus. About 9 years</u>	/How long
	Immediate <u>Pulmonary edema and coma</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R.B. Murphy, M.D.</u>
		Address <u>St. Peter's Hospital, New York</u>
Accident or Suicide? <u>No</u>		



Jane Dyer.

Town

County

Died at

Lucas

Baltimore

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Date 19	03	Aug 19	Age	60 —	Native of	Occupation
			Married		Ma	—
Husband of	Male	White	Widow	Divorced		
Wife	Female	Colored	Widower	Number of children living		

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cerebral Apathy

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. William M.D.

Address

Rossview [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Chas E. Eckart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Died at	Highlandtown		Baltimore			
Date of death 1903	Month Aug.	Day 18	Years 29		Months	Days
Sex Male	Color or Race White	Age 29		Birth-place Baltimore Md		
Married, Single or Widowed	Occupation	Married		Store keeper		
Name of Wife or Husband		Josephine Samoliniski				
Father's Name		John E. Eckart		Father's Birthplace	Germany	
Mother's Maiden Name		Martha Noll		Mother's Birthplace	Germany	
Name of person giving information		Josephine Eckart		How related to deceased	Wife	

## CAUSES OF DEATH

Primary	Gyphloid Fever	How long	21 days
Immediate	Intestinal Perforation	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. Powers M.D.
		Address	2511 E Preston St.
Accident or Suicide?			

Holy Redeemer Cemetery

Aug. 21<sup>st</sup> 1903

Germanus Lance

undertaker

Name  
in  
Full

Charles Edward Eichman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 29 <sup>th</sup>	Age 35	Years	Months 10 Days 9
Sex Male	Color or Race White	Occupation Merchant Tailor	Birth-place Baltimore Md		
Married, Single or Widowed Married	Mary Stansbury			Father's Name J. L. Eichman	Father's Birthplace Germany
Name of Wife or Husband				Mother's Maiden Name Roxanna Marchan	Mother's Birthplace Baltimore Md
Name of person giving information Henry Stansbury				How related to deceased Brother In Law	
CAUSES OF DEATH					
Primary.	Chronic Nephritis	20	How long	2 years	
Immediate	Wrence persuing		How long	2 weeks	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John Stevenson		
		Address	1716 Linden St		

PHYSICIAN  
OR CORONER

Accident or Suicide?

John T Pennington  
1716 Linden Ave

Name  
in  
Full

Thomas D. Ellis

CERTIFICATE OF DEATH

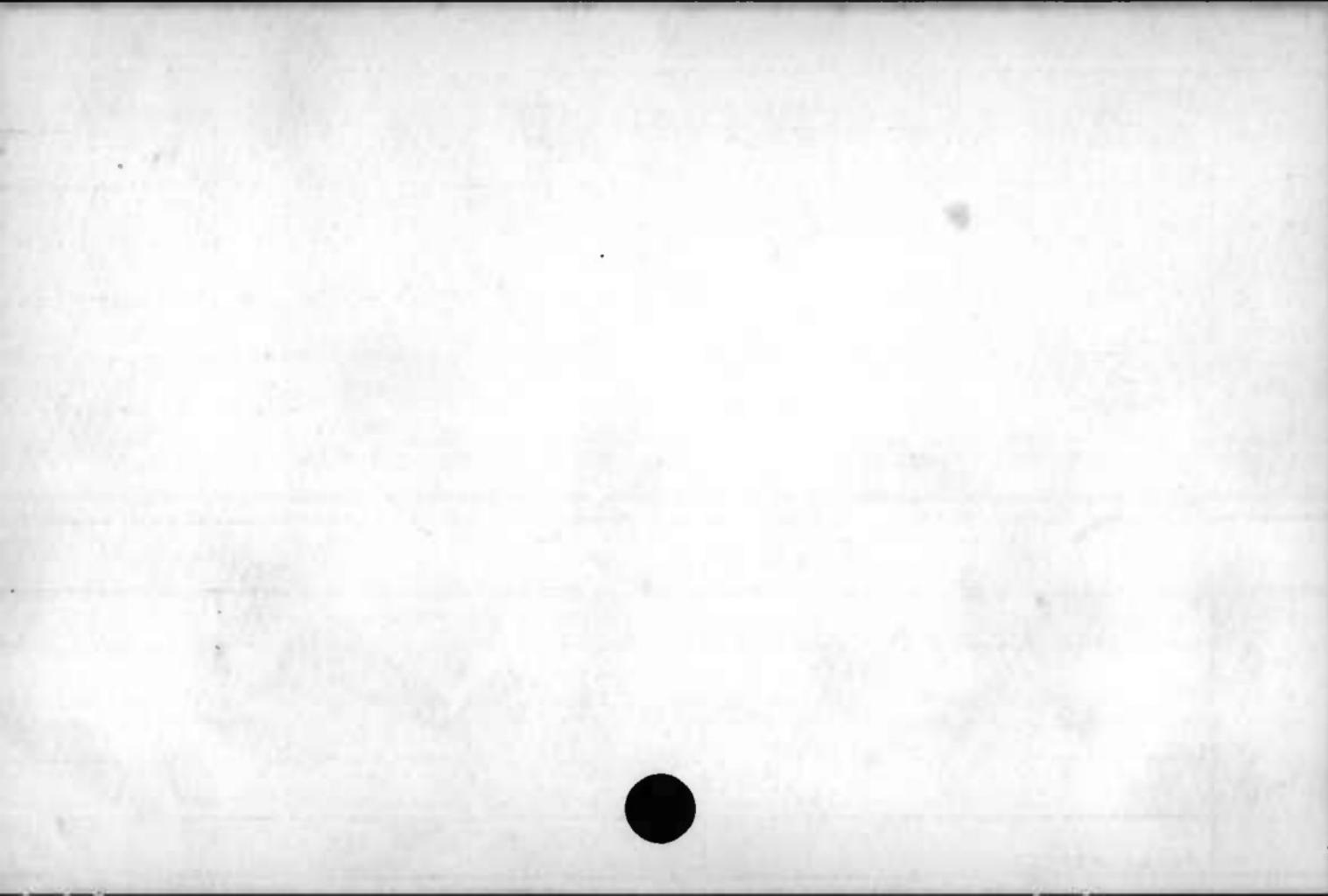
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 14 <sup>th</sup>	Years	Months	Days
Sex Male	Color or Race White	Age 6	Birth- place Balto Co.		
Married, Single or Widowed Single	Occupation Wife				
Name of Wife or Husband Mary Ellis					
Father's Name James Ellis			Father's Birthplace Balto Co.		
Mother's Maiden Name Mary Finley	05		Mother's Birthplace Ireland		
Name of person giving Information James D. Ellis			How related to deceased Father		

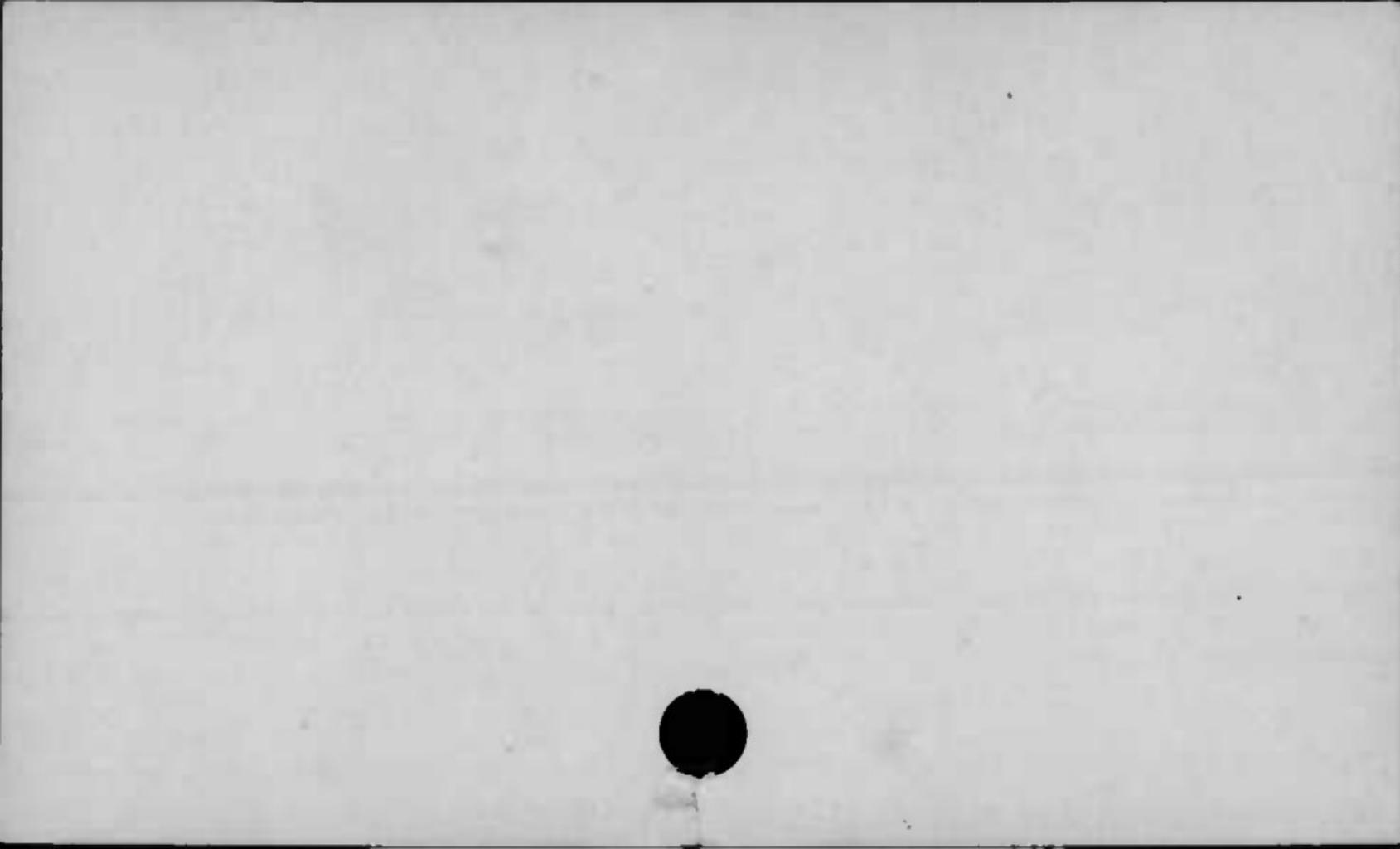
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cholera infantum	How long 2 or 3 weeks
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician G. B. Reynolds MD Address 509 N Charles St
Accident or Suicide? None	







Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John H. Fryen

CERTIFICATE OF DEATH

Died at		Town	County			
St. Agnes Sanitarium		Baltimore			MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
of death 1903	VIII	21	Age 33			
Sex	Male	Color or Race	White	Birth-place	Tennessee	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name						
Mother's Maiden Name						
Name of person giving Information						
CAUSES OF DEATH						

Primary

Lymphoid Liver

How long

Immediate

Exhaustion

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

C. G. Hill M.D.  
Arlington Md.

Address

Accident or Suicide?



Name  
in  
Full

Abigail Gambrell

61  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore		Maryland		
Date of death 1903	Month Aug	Day 27	Age 82	Years	Months 9	Days 27
Sex Female	Color or Race white	Occupation		Birth-place Argentina		
Married, Single or Widowed widow						
Name of Wife or Husband						
Father's Name Estij Green	Age 74		Father's Birthplace Md			
Mother's Maiden Name Priscilla Hood			Mother's Birthplace Md			
Name of person giving information Waller Gambrell			How related to deceased Son			

CAUSES OF DEATH

Primary	Organic Heart Disease		How long
Immediate	Cachexia		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W. Hasserson
		Address	Middle River Md
Accident or Suicide?	no		

Inferno  
Camp chapel

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

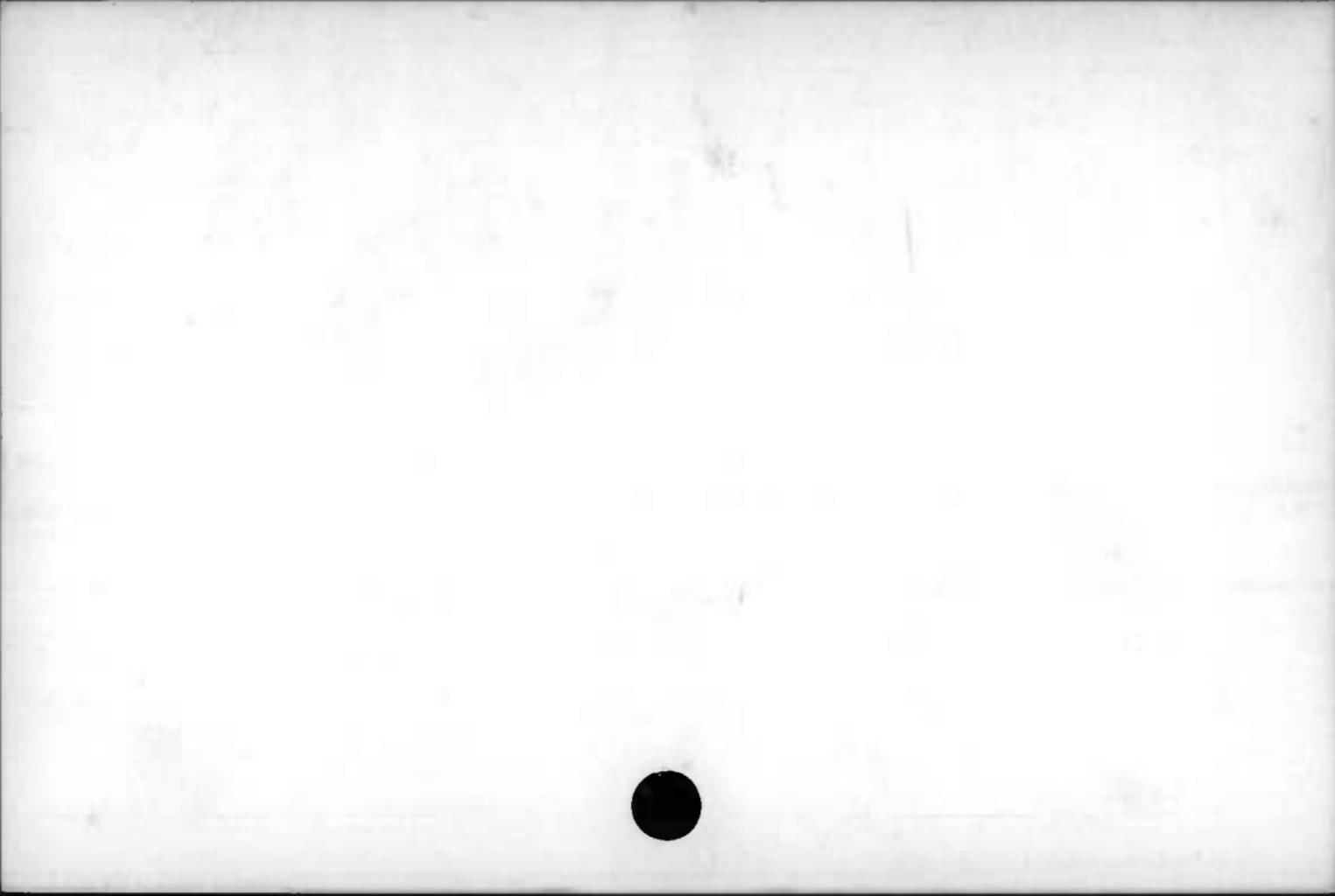
John East

CERTIFICATE OF DEATH

Died at		Town	County	Baltimore MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age 68	Birth- place	Germans.	
Married, Single or Widowed	Married	Occupation	Sabre.			
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			50	How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Alco. Insanity	How long	1 year
	Immediate	Senile Exhaustion	How long	Month -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Percy Wade	
		Address	Catonsville Md.	
Accident or Suicide?				



Name  
in  
Full

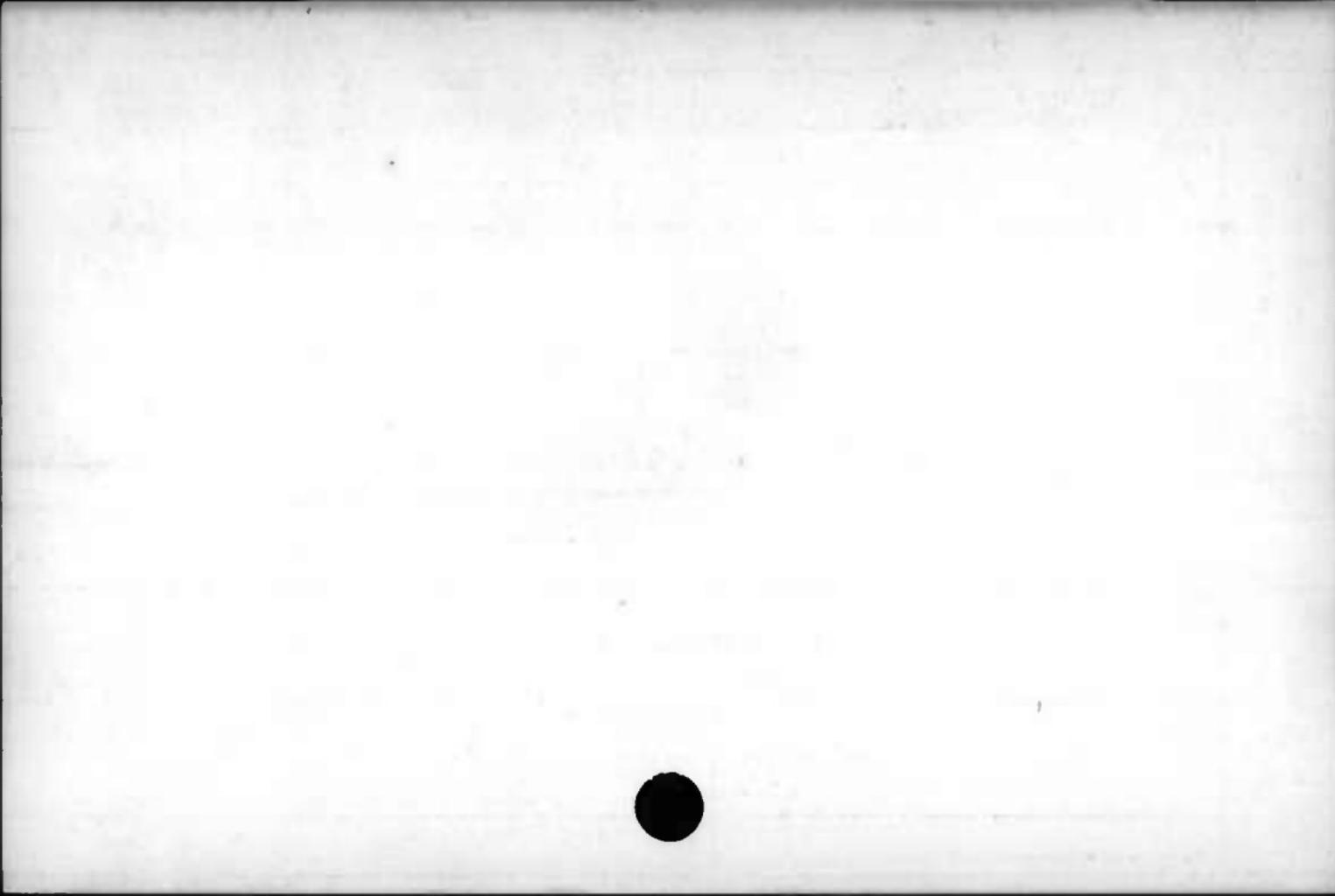
TO BE ANSWERED BY  
NEAREST FRIEND

Petterson, Nellie						CERTIFICATE OF DEATH	
Died at	Town	Baltimore			County		
Date of death 190	Month 3	Day 22	Age 48	Years	Months	Days	
Sex Male	Color or Race white				Birth-place Maryland		
Married, Single or Widowed Single	Occupation Gardener.						
Name of Wife or Husband X							
Father's Name ✓	61			Father's Birthplace X			
Mother's Maiden Name X	61.			Mother's Birthplace ✓			
Name of person giving information				How related to deceased X			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Paralysis.	How long	3 years.
Immediate	Cerebral Effusion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. E. Knudsen
		Address	Baltimore, Md.
Accident or Suicide?	No		



Annie Setty  
Town Back River County Baltimore

MARYLAND

Died at	Back River	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1803		8	28				and housewife	
Male	White	Age			Divorced			
Female	Citizen	Married	Widow				Number of children living	2

Husband of

Wife

Father's

Name

Chas. Setty

Joseph Goeller Mother's Name Josephine Heim

Cause of Death	Primary: Chthrosis Pulmonari	How long sick	1 yr
	Immediate: Exhanguion		Accident, Suicide, Homicide

Reported by

Address

A.S. Warner M.D.  
71120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Redeemer Cemetery

Aug. 31<sup>st</sup> 1903

Frances  
Germannus Frane

Undes later

Name  
in  
Full

Nellie Greason

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Aug.	Day 18	Years 18	Months 6	Days 9	
Sex Female	Color or Race white	Occupation		Birth-place Balto. Md		
Married, Single or Widowed single						None
Name of Wife or Husband						
Father's Name	Joseph H. Greason		Father's Birthplace			Balto. Md
Mother's Maiden Name	Elizabeth M. Ziegler		Mother's Birthplace			Balto. Md
Name of person giving information	Elizabeth M. Ziegler		How related to deceased			Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Peritonitis      How long 3 days

Immediate Exhaustion      How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Alex S. Sage M.D.  
1716 E Madison

Accident or Suicide? no

Western Cemetery

Monday Aug. 3<sup>rd</sup> 1903

Germanus Frandsen

undertaker

Name  
in  
Full

John Grebner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 19 $\frac{1}{2}$	Years	Months	Days
Sex Male	Color or Race white	Age	Birth-place Md.		
Married, Single or Widowed single	Occupation	Gone			
Name of Wife or Husband					
Father's Name John Grebner	Father's Birthplace Germany				
Mother's Maiden Name Anna Maria Scherbel	Mother's Birthplace Germany				
Name of person giving Information John Grebner	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Gastro-Enteritis	105	How long 2 months
	Immediate Asthma & Cyanosis		How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Henry C. Ogle M.D.	
		Address 1703 W. Fayette St	
Accident or Suicide?			

Sacred Heart Cemetery

Aug. 21<sup>st</sup> 1903

Germanus Thorne

Undertaker.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Louis Hackerman

CERTIFICATE OF DEATH

Died at	Town	County	Balt,	MARYLAND
Date of death 1903.	Month VIII	Day 16	Years Age 53	Months Days
Sex Male	Color or Race White	Birth-place Baltimore		
Married, Single or Widowed	Occupation None			
Name of Wife or Husband	Louis Hackerman			
Father's Name	unknown	Father's Birthplace	Germany	
Mother's Maiden Name	unknown	Mother's Birthplace	Germany	
Name of person giving information	John Haake 70	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Interstitial Nephritis

How long

Immediate

Pulmonary Oedema

How long

Are the name, age, sex, color, date and place correctly given above?

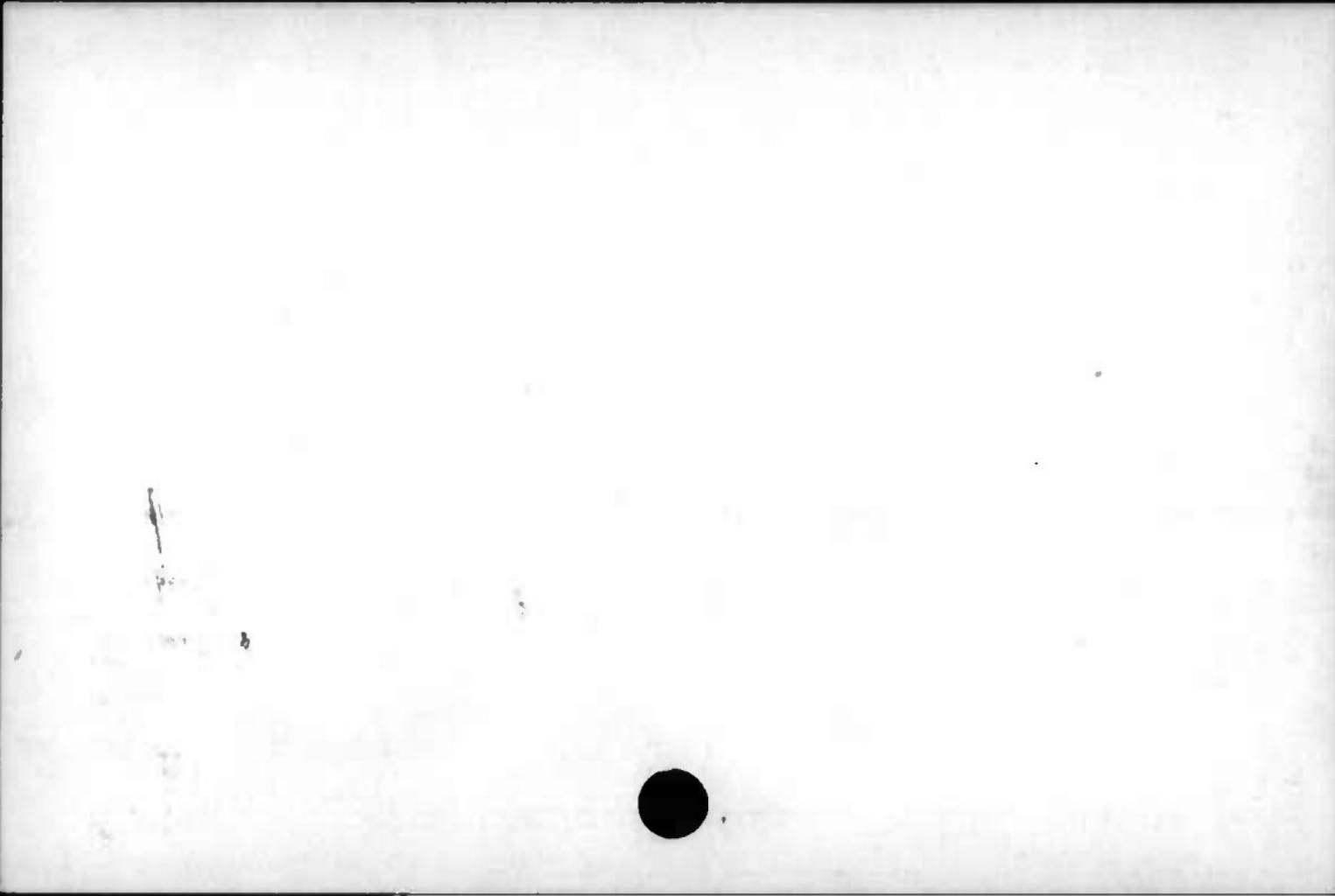
Signature of Physician

R. W. Keown M.D.

Address

St Agnes Hospital  
Baltimore

Accident or Suicide?



Name  
in  
Full

Dorothea Cecilia Hagenast

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903,	August	5.	Age 28,	3		
Sex	Color or Race	white		Birth-place	Baltimore	
Occupation	none	Where Residing if not at place of death		2118 Patterson Park Ave Baltimore		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	George Hagenast			Father's Birthplace	Bavaria Germany	
Mother's Maiden Name	Kay, C. Roenig			Mother's Birthplace	Bavaria Germany	
Name of person giving information	Rev. H. Hagenast,			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Phthisis Pulmonalis

1<sup>1</sup>/<sub>2</sub> Months

Signature of Physician

Address

H. H. Gedler  
119 W. Saratoga St

Accident or Suicide?



Name  
in  
Full

Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u>			Town <u>Baltimore</u> County <u>Baltimore</u>			MARYLAND		
Date of death 1903	Month August	Day 30	Age	Years —	Months —	Days —		
Sex Male	Color or Race White	Birth-place Catonsville						
Married, Single or Widowed Single	Occupation							
Name of Wife or Husband								
Father's Name <u>Gleffton C. Hawkins</u>				Father's Birthplace <u>Anne Arundel Co.</u>				
Mother's Maiden Name <u>Sarah S. DeFord</u>				Mother's Birthplace <u>Baltimore</u>				
Name of person giving Information <u>Gleffton C. Hawkins</u>				How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Infant

J.

How long

Immediate

Still-born

J.

How long

Are the name, age, sex, color, date and place correctly given above?

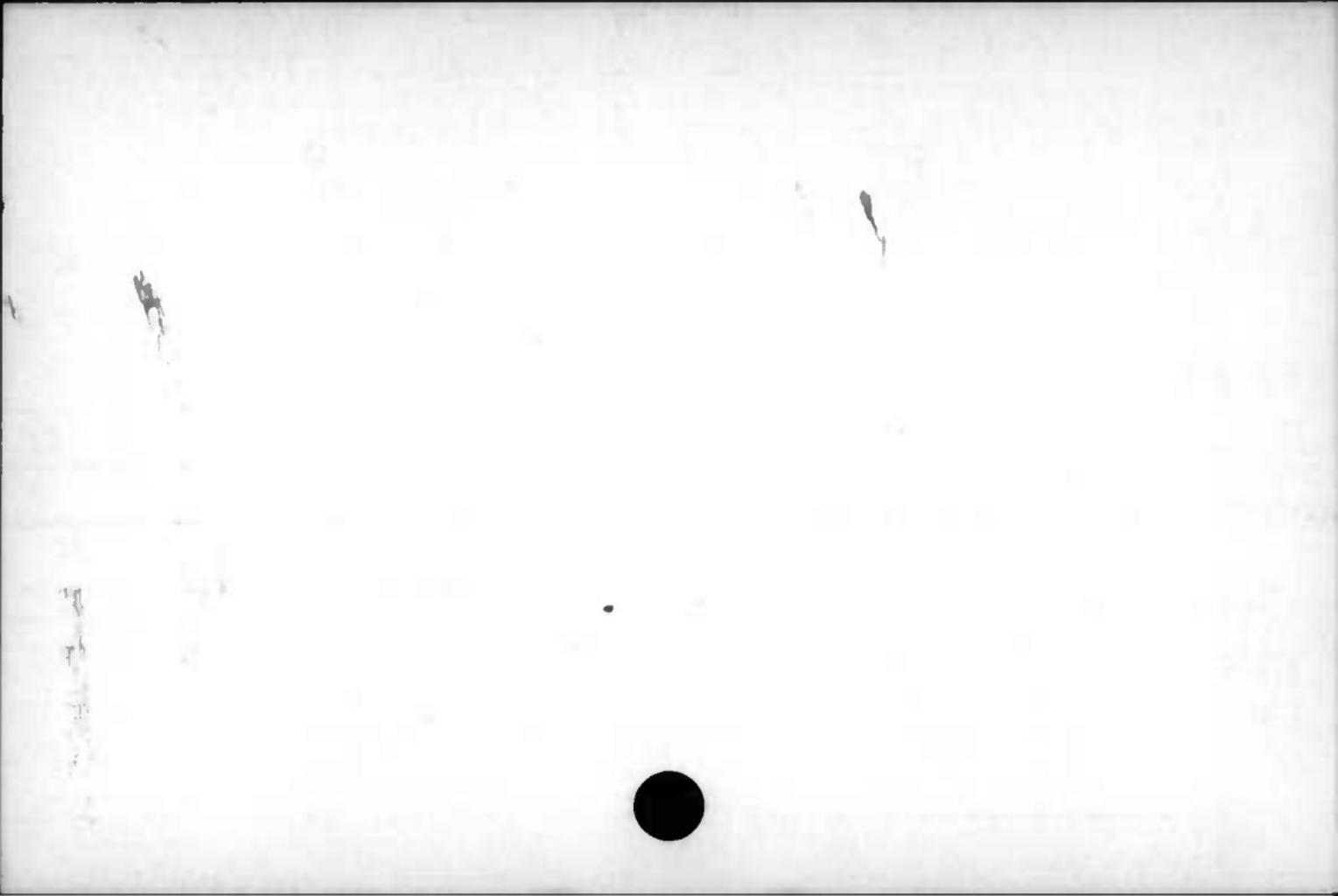
Male  
white

Signature of  
Physician

G. H. MacGillie  
Catonsville

Address

Accident or Suicide?



Name  
in  
Full

Edna Hellwig

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

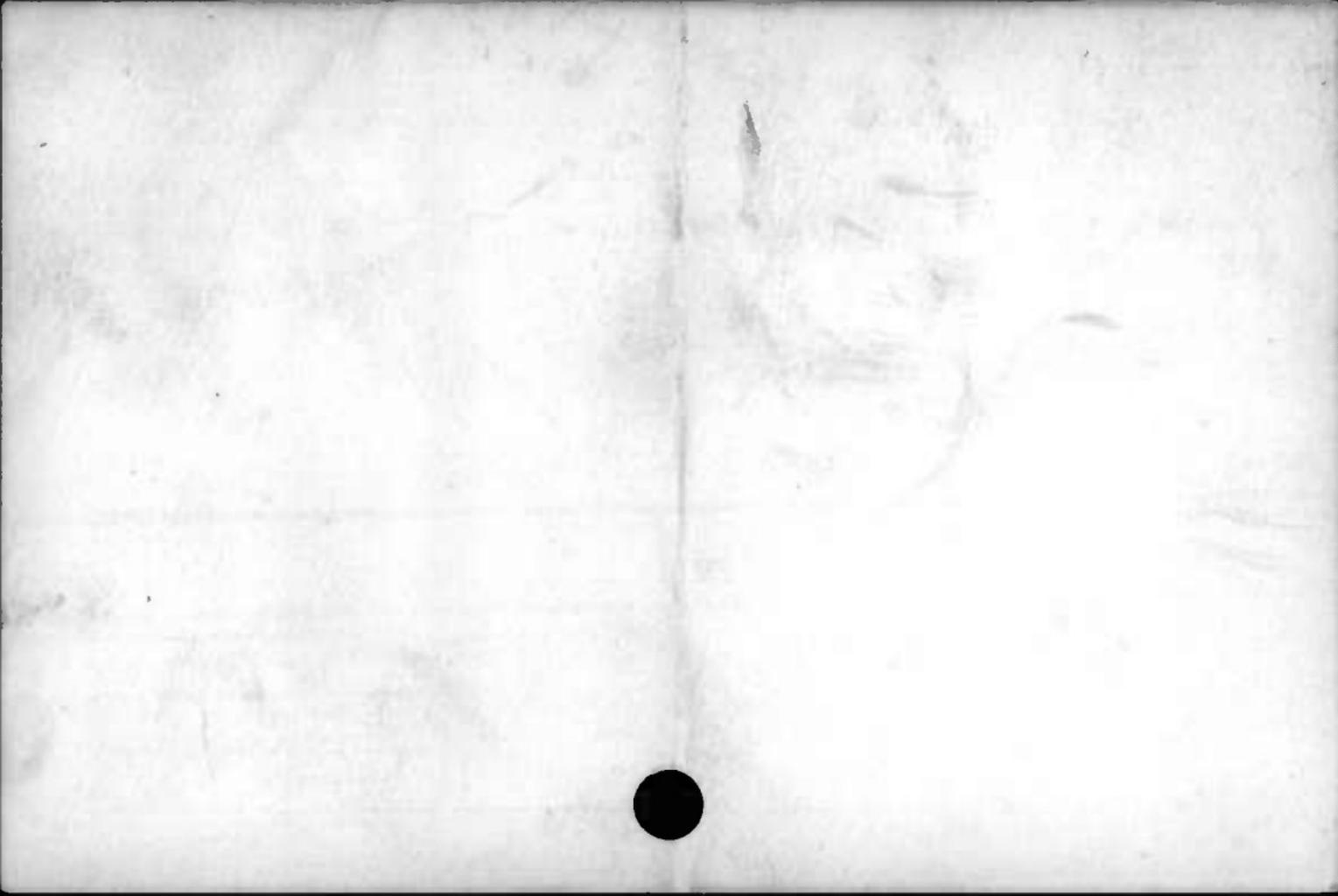
MARYLAND

Died at	Town	County	
Date of death 190	Month	Age	Years Months Days
Sex	Color or Race	Occupation	Birth-place
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name	Chas Hellwig	Father's Birthplace	Mid
Mother's Maiden Name	Fernan Ritter	Mother's Birthplace	Mid
Name of person giving Information	Raymond Hellwig	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera infantum	105	How long	5 weeks
Immediate	Suffocation	105	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.B. Hall	
		Address	Mt. Vernon	
Accident or Suicide?	No			



Name in Full

Certificate of Death

Anna M Hines

59

Town

County

MARYLAND

Died at

Bradsburg

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

8 16

Age 95

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Alexandra Hines

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Old age 154

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. S. Belmont. Upper Falls  
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chitinous shell

Bivalve

Strewn with  
fragments of  
shell

Name  
in  
Full

Howard Hitchcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 17	Years	Months	Days
Sex Male	Color or Race	Age White	Birth- place	Harrison	
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Otis E Hitchcock				
Father's Name	Otis E Hitchcock				
Mother's Maiden Name	Susie W Beck				
Name of person giving Information	Otis E Hitchcock				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemorrhage of  
Stomach

How long

(Suddenly)

Immediate

104

How long

Are the name, age, sex, color, date  
and place correctly given above?

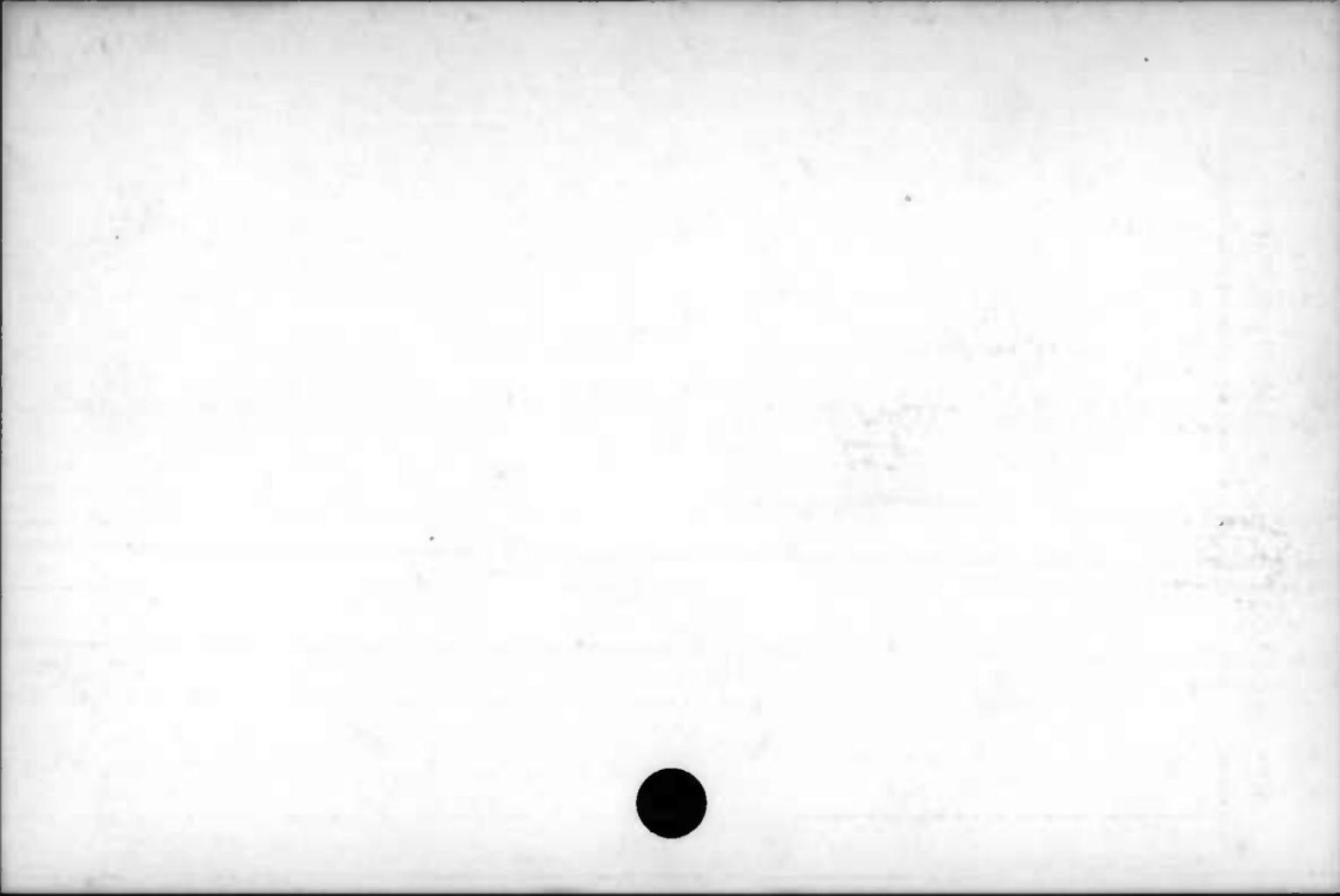
Signature of  
Physician

N.M. Blader

Address

Riesterstown

Accident or Suicide?



Name  
in  
Full

George Hooper

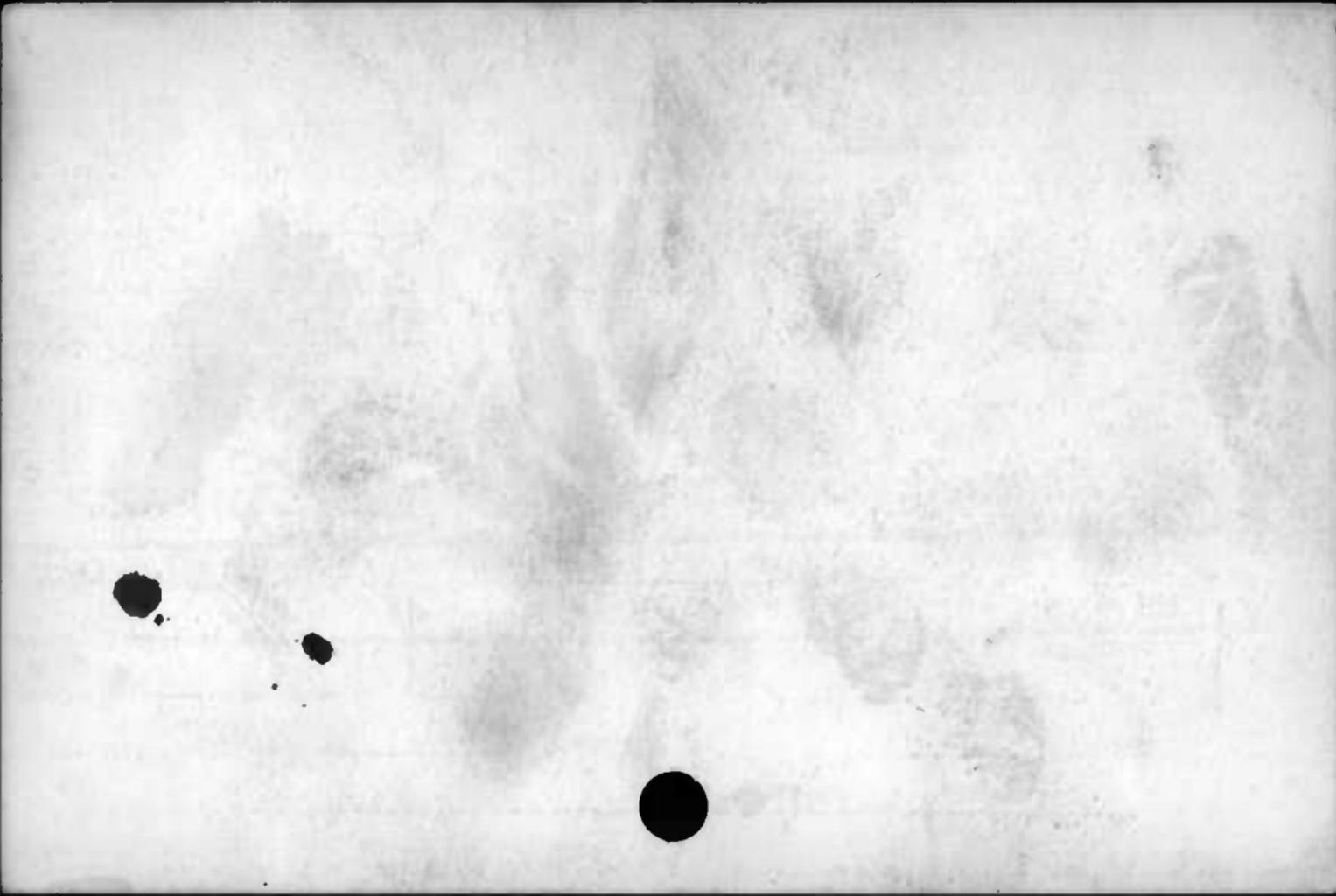
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death 190	Month Aug.	Day 1st	Years	Months	Days	
Sex	Male	Color or Race	Age	3		
Married, Single or Widowed			Occupation			
Name of Wife or Husband	George Hooper					
Father's Name	George Hooper		Father's Birthplace	Balto. Md.		
Mother's Maiden Name	Annie Burton		Mother's Birthplace	Baltimore Md.		
Name of person giving information	Laura Harris 105		How related to deceased	none		

CAUSES OF DEATH

Primary	Cholera infantum	How long
Immediate	Cholera infantum	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		R. G. Frazee
		Address
		165-5 N. Fulton Ave
Accident or Suicide?	Baltimore Md.	



Name  
in  
Full

Norris B. Hoos

CERTIFICATE OF DEATH

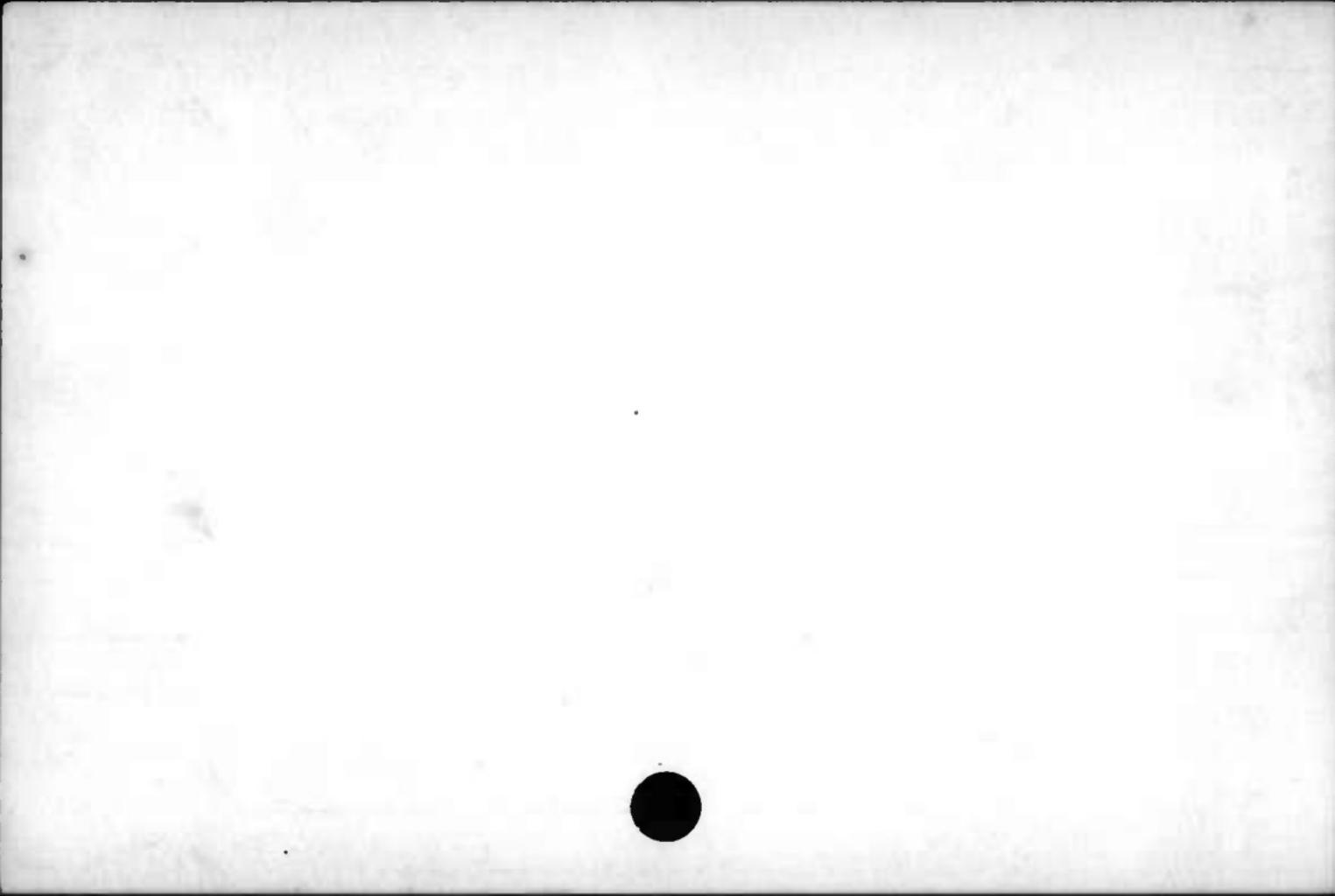
To BE ANSWERED BY  
NEAREST FRIEND

Died at	WT Minans	Town	Baltimore	County	MARYLAND					
Date of death	1903	Month	8	Day	12	Years	1	Months	7	Days
Sex	Male	Color or Race	white	Birth-place	WT Minans					
Married, Single or Widowed	X				Occupation					
Name of Wife or Husband	X									
Father's Name	John Hoos			Father's Birthplace	Md					
Mother's Maiden Name	Annie Brandon			Mother's Birthplace	Md					
Name of person giving information				How related to deceased						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	5 weeks
Immediate	aq	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	ZB Hall
		Address	WT Minans
Accident or Suicide?	X		



Name  
in  
Full

Anne M. Hopper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Shawood	Baltimore				
Date of death	1903	Month Aug.	Day 3 <sup>rd</sup>	Years 62.	Months 6	Days 10-
Sex	Female	Color or Race	white	Birth-place	Pennsylvania	
Occupation	None	Where Residing if not at place of death			Shawood Md	
Married, Single or Widowed	Married	Name of Wife or Husband	D. W. Hopper		Father's Birthplace	Penns
Father's Name	Augustine Willcox				Mother's Birthplace	England
Mother's Maiden Name	Sarah E. Marshall				How related to deceased	Husband
Name of person giving Information	D. W. Hopper					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic bronchitis

How long

Many years

Immediate

Heart Failure

How long

1 hour (abnts.)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. M. Thomas

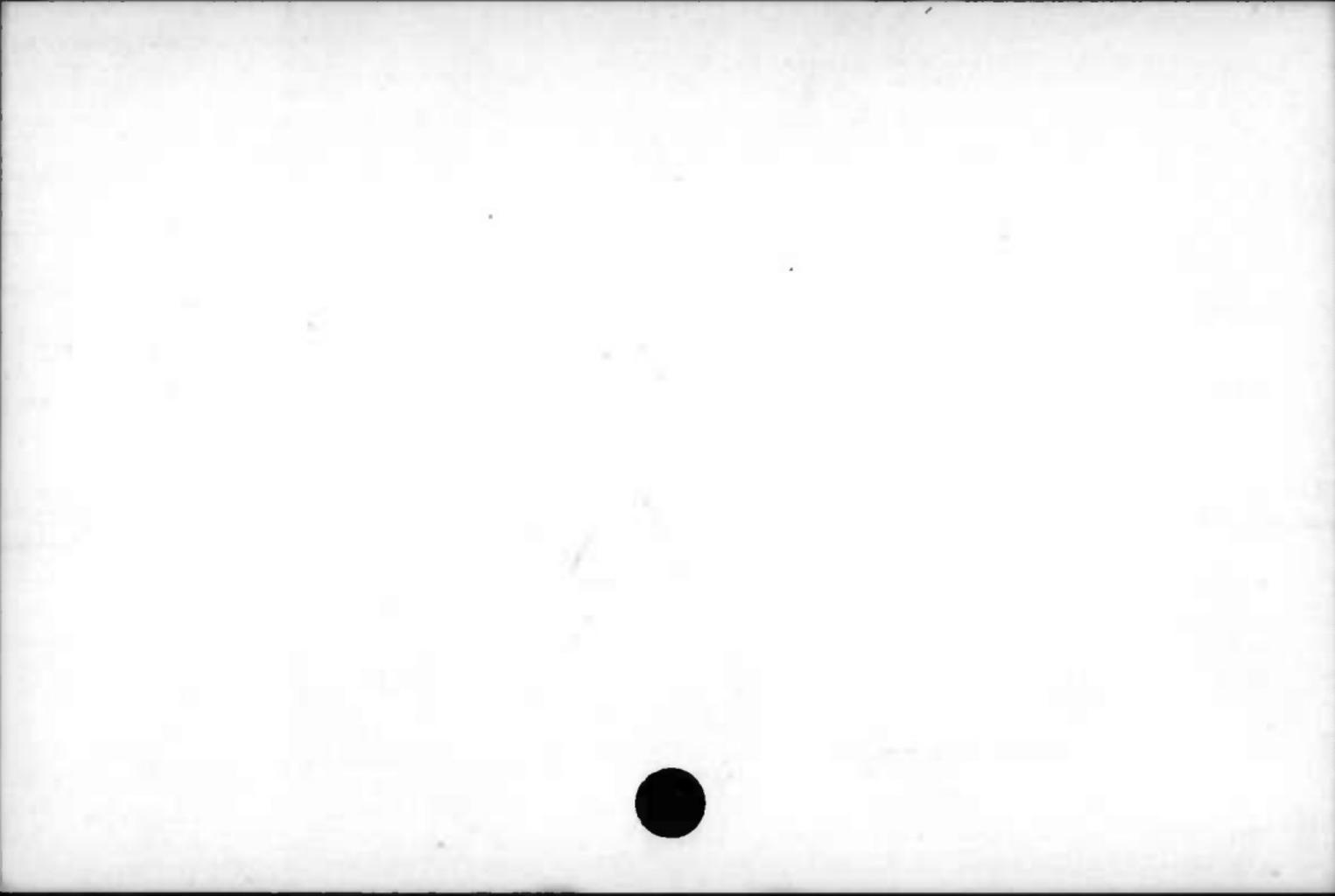
Address

1228 Madison Ave

Accident or Suicide?

No

Baltimore



Name  
in  
Full

Bennett T. Hoshaee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died in 6th District		County Baltimore		MARYLAND		
Date of death 1903	Month August	Day 13	Years Age 68	Months 3	Days 6	
Sex Male	Color or Race White			Birth-place Maryland		
Married, Single or Widowed	Married	Occupation Farmer				
Name of Wife or Husband	Elizabeth Gove					
Father's Name	Ephraim Hoshaee			Father's Birthplace Md		
Mother's Maiden Name	Catherine E. Talbott			Mother's Birthplace Md		
Name of person giving information	Elizabeth Hoshaee			How related to deceased wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lungs	How long	3 months
Immediate	Hemorrhage - Lungs	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph S. Baldwin
		Address	Freeland R. F. & I. Baltimore Co.
Accident or Suicide?			



Name  
in  
Full

Momma Jackson

CERTIFICATE OF DEATH

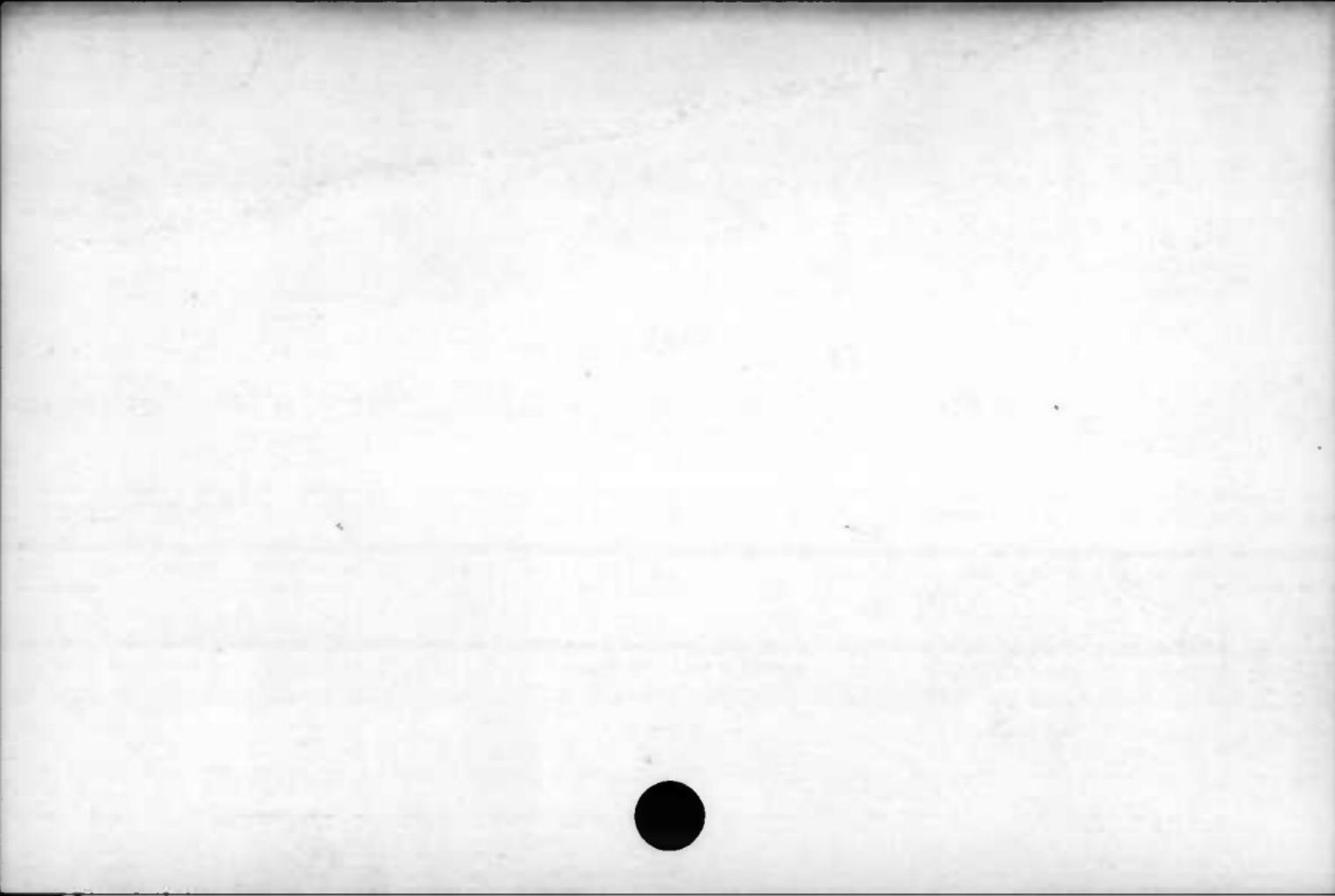
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation			X	
Name of Wife or Husband	alfred jackson			X	
Father's Name	X			Father's Birthplace	X
Mother's Maiden Name	X			Mother's Birthplace	X
Name of person giving Information	Son			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age	154	How long
Immediate	exhaustion	154	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		T. B. Hall W. W. Minnes	



Name  
in  
Full

Jameson, Ella

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 3 Aug	Day 31	Years
Sex Female	Color or Race white	Occupation None.	Birth-place Maryland
Married, Single or Widowed Single			
Name of Wife or Husband			
Father's Name	✓		
Mother's Maiden Name	X		
Name of person giving information	X		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dementia		How long 6 years.
Immediate	Multiple Sclerosis		How long 4 years.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Grey Nade
		Address	Healdsville
Accident or Suicide?	No.		



Name  
in  
Full

Annie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 8.	Day 31	Years 7
Sex Female	Color or Race White	Birth-place Canton	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Richard W. Jones.	Father's Birthplace	Yale
Mother's Maiden Name	Maggie Clements	Mother's Birthplace	Maryland
Name of person giving information	Richard W. Jones	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	3 days
Immediate	Exhaustion	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. L. Gough Jr.
		Address	3 and 1/2 Story Highlandtown
Accident or Suicide?	NO		

Mount Carmel  
H Lander & Sons

Name  
in  
Full

Wm R Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Towson	County	Baltimore	MARYLAND
Date of death	1903 Aug 26	Age	40	Months
Sex	Male	Color or Race	White	Birth-place
Married, Single or Widowed		Occupation	Store-Keeper	
Name of Wife or Husband				
Father's Name				
Mother's Maiden Name				
Name of person giving information	Ex Brush			
CAUSES OF DEATH				
Primary	Acute Indigestion	104	How long	1/2 hours -
Immediate	Cardiac Paralysis.		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Ex Brush
Accident or Suicide?		No	Address	Sheppard & Enoch Pratt Shop

PHYSICIAN  
OR CORONER

E. Madison Mitchel

Dr. Riekh =  
Draig Sharr

John Kelbaugh

Died at	Town	County	MARYLAND
<u>Foreston</u>	<u>Baltimore</u>		

Date 1903	Month Aug	Day 6	Age —	Y. —	M. 6	D. —	Native of Baltimore Co.	Occupation
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living	1			

Husband of \_\_\_\_\_

Wife

Father's  
Name

Lewis Kelbaugh

Mother's  
Name

Mary Stiffler

Cause of

Primary

Indigestion -

How long sick

6 mo.

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

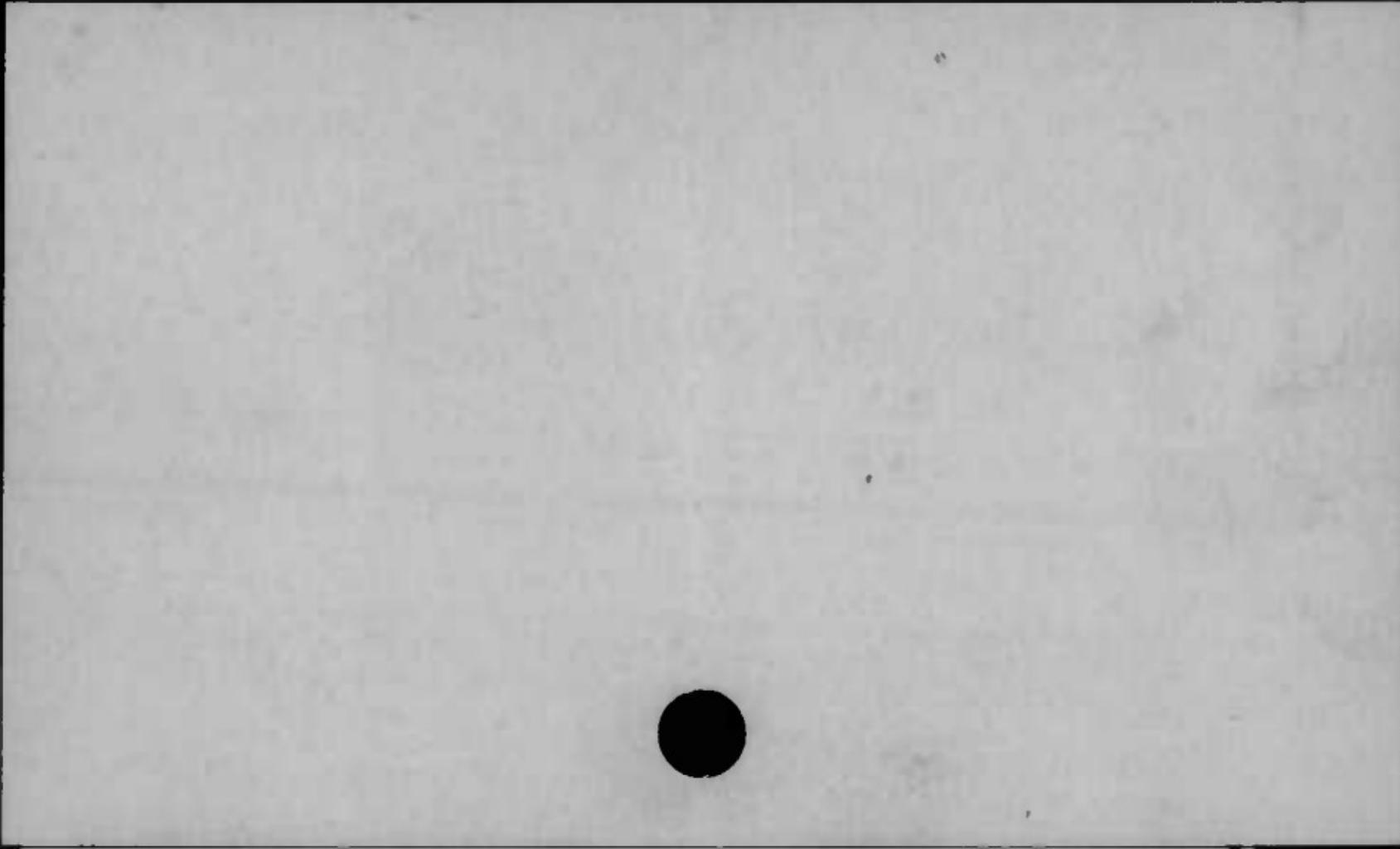
B. F. Price

105

Address

Mt Carmel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Catherine Kellen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Calonsville</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>Aug</u>	Day <u>30</u>	Years <u>56</u>	Months —	Days —
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Baltimore Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Separated or Widowed <u>Widow</u>	Name of Wife or Husband <u>Thomas Kellen</u>	Father's Name <u>Peter Darley</u>	Father's Birthplace		
Mother's Maiden Name <u>Ely</u>	" <u>Ely</u>	" <u>Kellen</u>	Mother's Birthplace		
Name of person giving Information <u>Ely Kellen</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Progressive Paralysis

How long

6 mos

Immediate

Exhaustion

How long

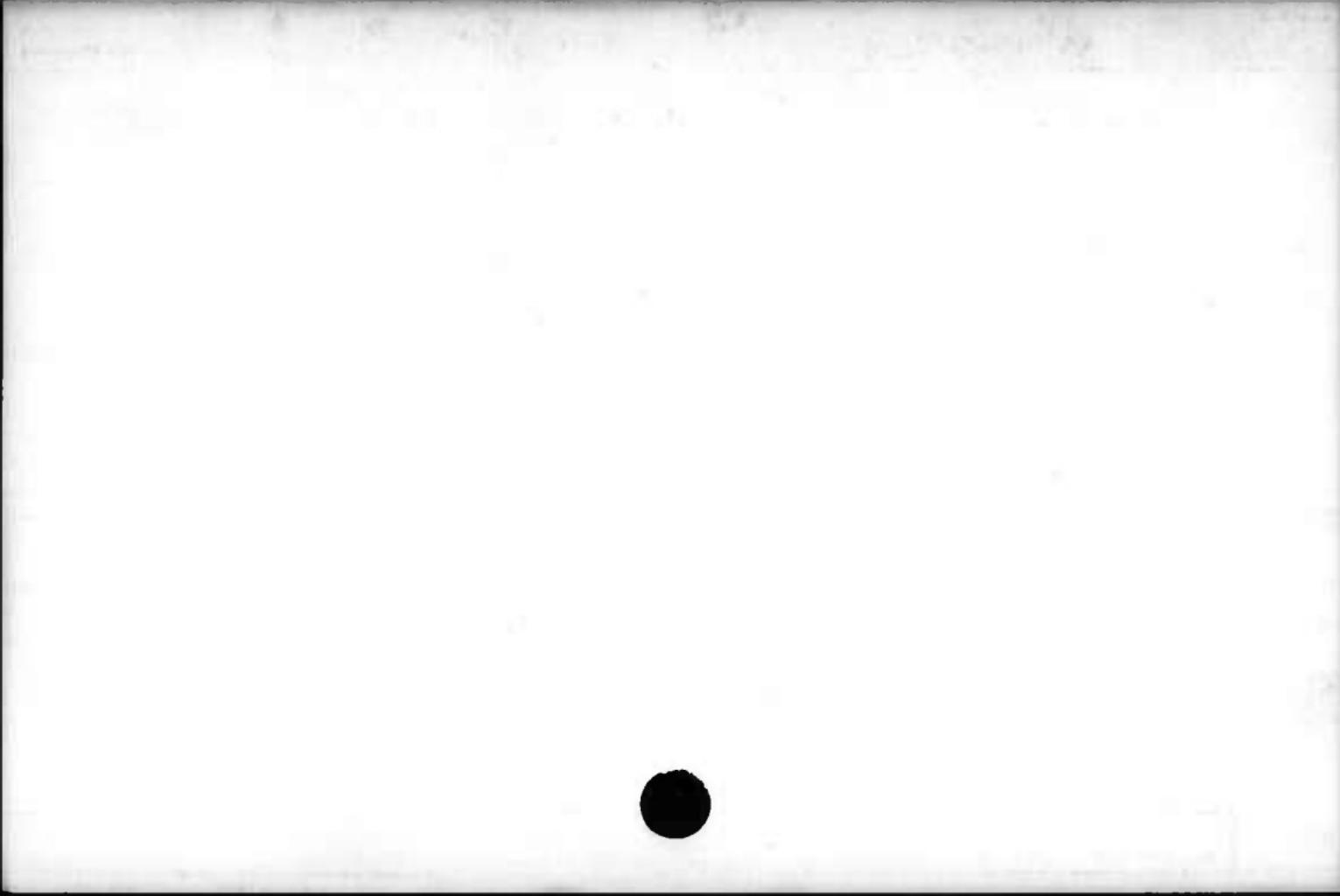
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr C L Mayfield  
Calonsville Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rev Joseph L. Kenny				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1903	Month August	Day 17th	Years	Months	Days	
Sex male	Color or Race white	Age		Birth-place Salisbury, Md.		
Married, Single or Widowed Widower	Occupation Minister					
Name of Wife or Husband					Father's Birthplace	not known
Father's Name	not known				Mother's Birthplace	" "
Mother's Maiden Name	not known				How related to deceased	Son
Name of person giving information	Edmund J. Kenny				CAUSES OF DEATH	

Primary

Old age

15

How long

about a week

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

so far as I know

Signature of Physician

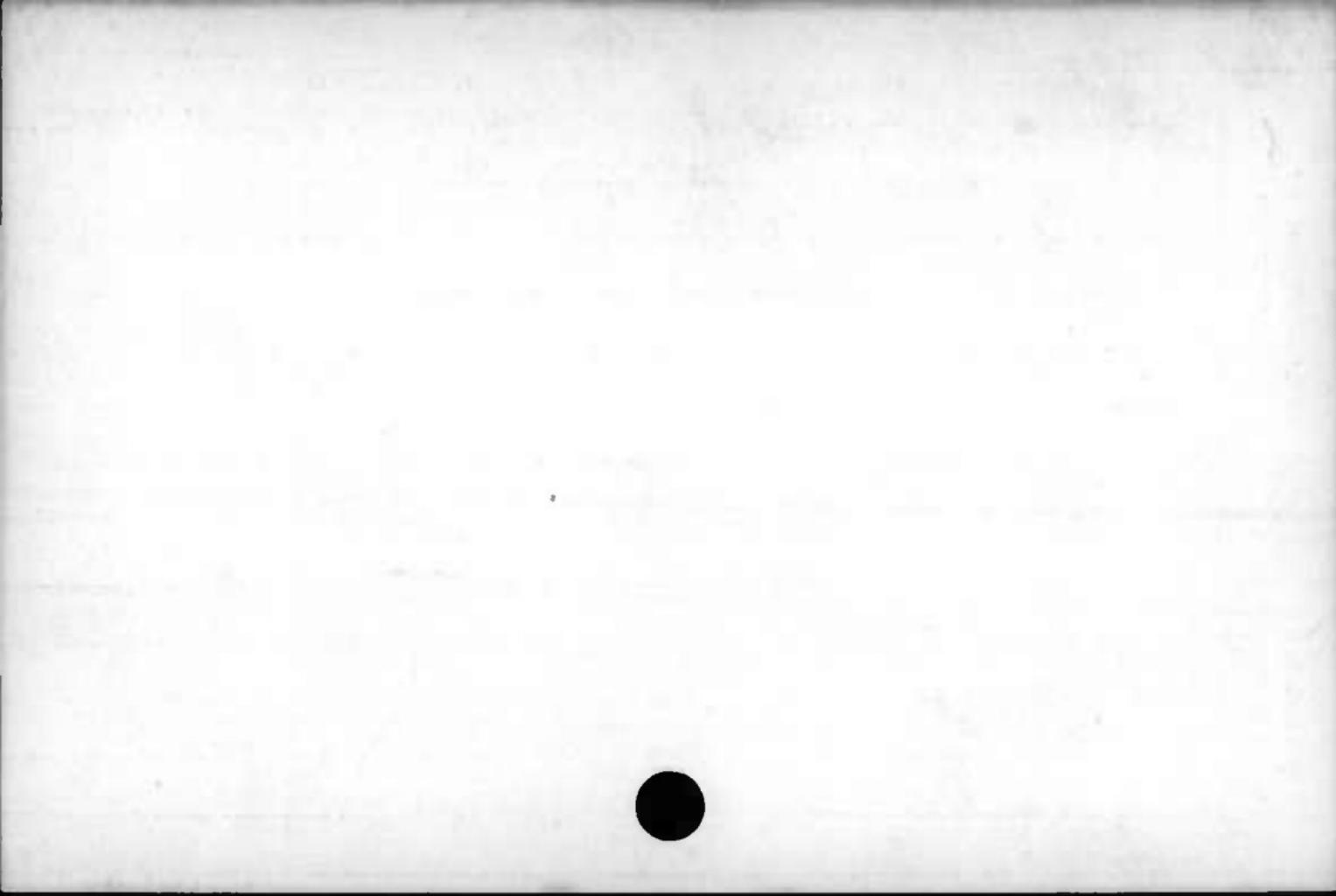
Address

G. H. Reynolds M.D.

819 W. Charles St.  
Baltimore Md.

Accident or Suicide?

Neither



Peter Klingelhoefer

Town County  
Died at N.E. Creek, Schuler Short Baltimore MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<del>1903</del>	Aug	7	1903	44 years		<del>Germany</del>	<del>Shoemaker</del>
Male	White		Age	Married		<del>Widow</del>	<del>Divorced</del>
Female						<del>Widower</del>	<del>Number of children living</del>

Husband of Amelia Klingelhoefer

Father's Name

Mother's Name

58

~~How long sick~~

Cause of Primary

Suicide by Drowning

Death Immediate

~~A. A. Suicide, I.~~

Reported by

John W. Evering J. P.  
Kauville cl. cl.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Christian Miller  
2334 Jefferson St  
Immanuel Cemetery

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry Kocyan

Town

Died at Homewoodville

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903 Month Day

Years

Months

Days

August 4

Age

5

7

12

Sex Male

Color or Race

White

Birth-place

Baltimore Co.

Married, Single  
or Widowed

Occupation

Name of Wife or Husband

Father's Name

John Kocyan

Father's Birthplace

Austria

Mother's Maiden Name

Mary Kot.

Mother's Birthplace

Austria

Name of person giving information

John Kocyan

How related to deceased

Father

CAUSES OF DEATH

Primary

Fracture of the skull

How long

1 day

Immediate

Inflammation

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. L. Schofield  
1400 First St  
Highlandtown

Address

Accident or Suicide?

Accident

Cemetery M. Hamilton

Date of funeral AUG 5<sup>th</sup> 1943



Name  
in  
Full

Annie Krulwich

CERTIFICATE OF DEATH

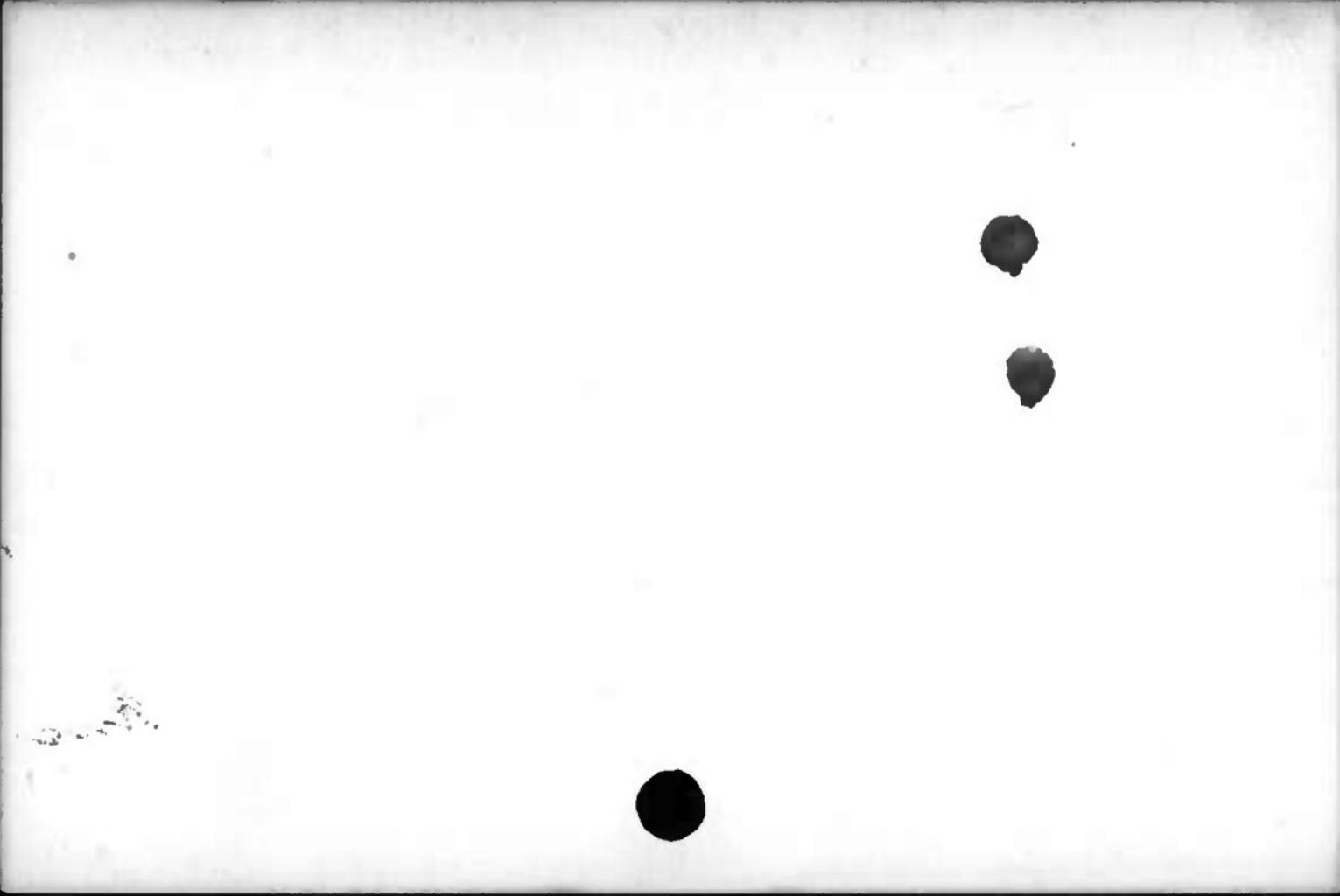
To BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Mt Stope Retreat Balt Co			County	MARYLAND	
Date of death 1903	Month Aug	Day 16th	Years Age 32		Months	Days
Sex Female	Color or Race	White		Birth- place	New York City	
Occupation None	Where Residing if not at place of death 68 Market Space Baltimore					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information Reids Mt Hope Retreat				How related to deceased		

CAUSES OF DEATH

Primary Malaria Chronic	64	How long
Immediate Ex-Gun Tuberculosis		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J. Flannery	
	Address Mt Hope Retreat - P Baltimore Md -	
Accident or Suicide?		

PHYSICIAN  
OR CORONER -



Name  
in  
Full

William James Lambdin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

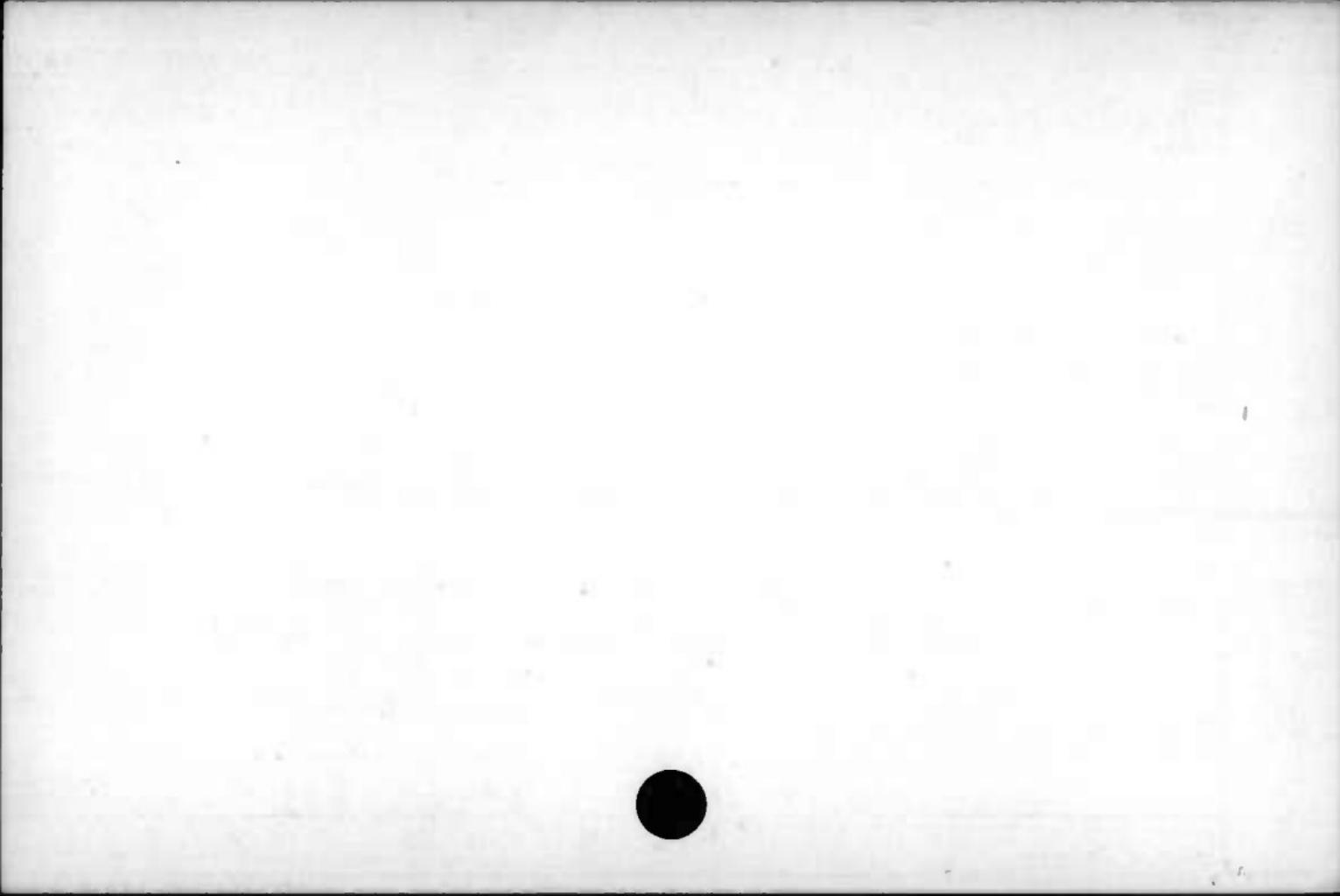
Died at	Town	County	MARYLAND
Died at	Highlandton	Baltimore	
Date of death	Month	Day	Years
1903	Aug	18	Age
Sex	Color or Race	Occupation	
Male	White		Birth-place
Married, Single or Widowed			Highlandton Md
Name of Wife or Husband			
Father's Name	Henry Francis Lambdin	Father's Birthplace	Md
Mother's Maiden Name	Barbra Frohn	Mother's Birthplace	Md
Name of person giving Information	Henry Francis Lambdin	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	Three days
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			

John Roth M.D.  
2005 Eastern Ave  
Baltimore Md



Name  
in  
Full

William Langdon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 6	Years 52	Months 9	Days 3
Sex Male	Color or Race White	Occupation Labourer	England		
Married, Single or Widowed	Name Ida Langdon		Father's Name	England	
Name of Wife & Husband			Mother's Maiden Name	England	
Father's Name			Name of person giving information	Wife	
Mother's Maiden Name					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	3 weeks
Immediate	Acute nephritis	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	David W. Jones
		Address	318 Odornell St.
Accident or Suicide? _____			

Mr. Carmine Leon  
Aug 9 1903  
Sandusky.

one of 88

Name In Full

Certificate of Death

Mary Lilly Lentz

Town

County

Died at

Rockville

Baltimore

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Long	Aug	6	Age	42		Maryland	Housewife
<del>Male</del>	White			Married	Widow		Divorced	
Female	Colored			Singler	Widower		Number of children living	2

Husband

of Andrew Jackson Lentz

Wife

Frances B Hood Mother's

Father's

Name

Maiden Name

Josephine Lidland

Cause of

Primary

Carcinoma Liver

How long sick

3 months

Death

Immediate

Cancerous liver

Accident, Suicide, Homicide

Reported by

Dr R. R. Benton

Address

Rockville Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

True Copy  
W. C. Burkh

Name  
in  
Full

Lydia Litzinger

CERTIFICATE OF DEATH

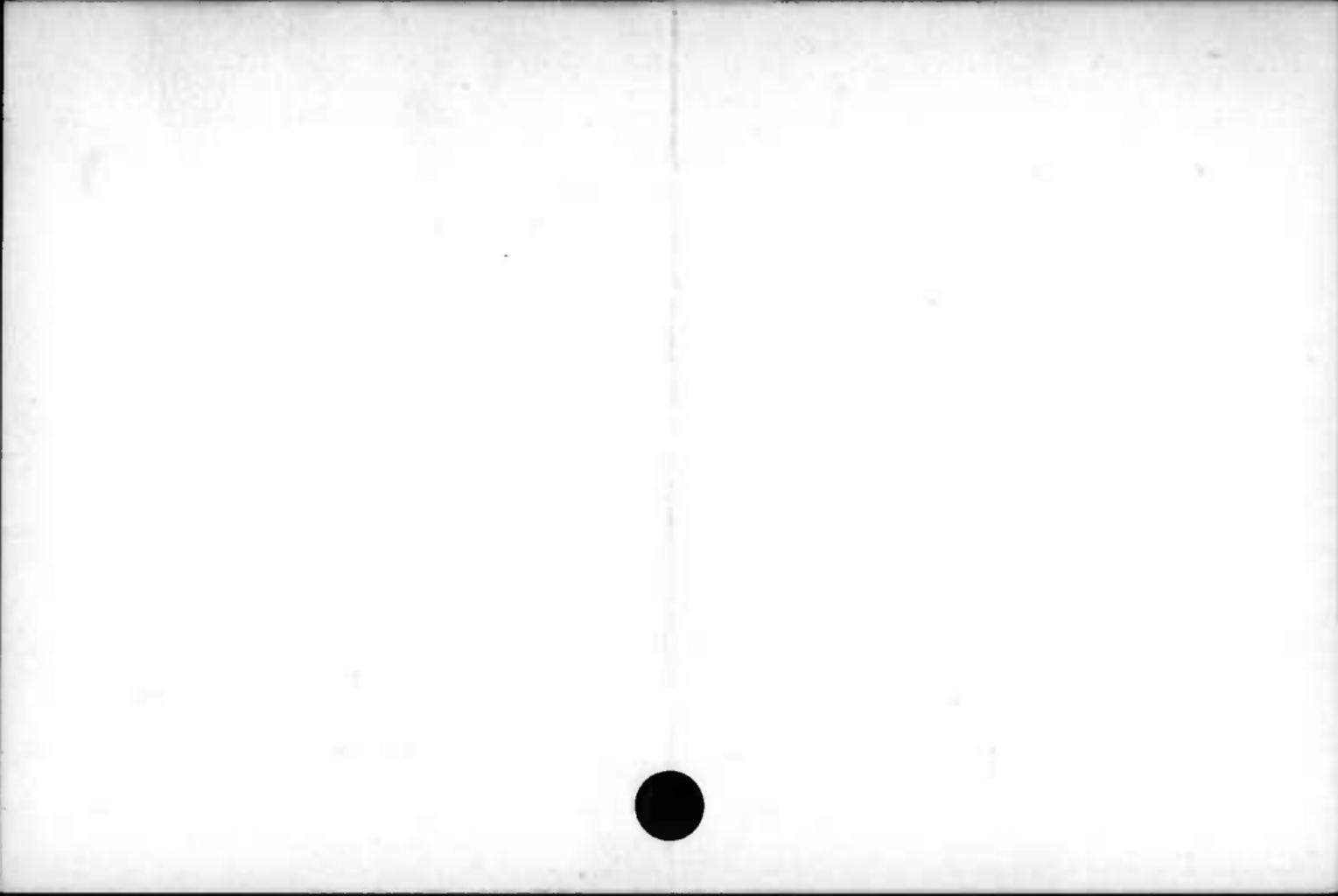
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 14	Years 55	Months	Days
Sex Female	Color or Race White	Birth-place Baile Co.			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name John Litzinger	Father's Birthplace Baile Co. Ind.				
Mother's Maiden Name Elizabeth	Mother's Birthplace Md.				
Name of person giving information Elizabeth	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	8 or 10 Years
Immediate	Intestinal Hemorrhage	How long	One or Two days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. P. Mitchell
		Address	Berea, Md.
Accident or Suicide?			



Name  
in  
Full

Edward Floyd

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 20	Age 69	Years	Months — Days —
Sex Male	Color or Race White	Occupation Carpenter -	Birth- place Maryland		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Dementia	How long 38 yrs -
	Immediate Alzheimer disease of brain	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		



Name  
in  
Full

Frederick Rose Marcell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place	nd	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	John Marcell Jr.			Father's Birthplace	nd	
Mother's Maiden Name	Clara. C. Horner.			Mother's Birthplace	nd	
Name of person giving information	John Marcell Jr.			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chol Infantr

How long

2 weeks

Immediate

Exhaustion

105

How long

Are the name, age, sex, color, date and place correctly given above?

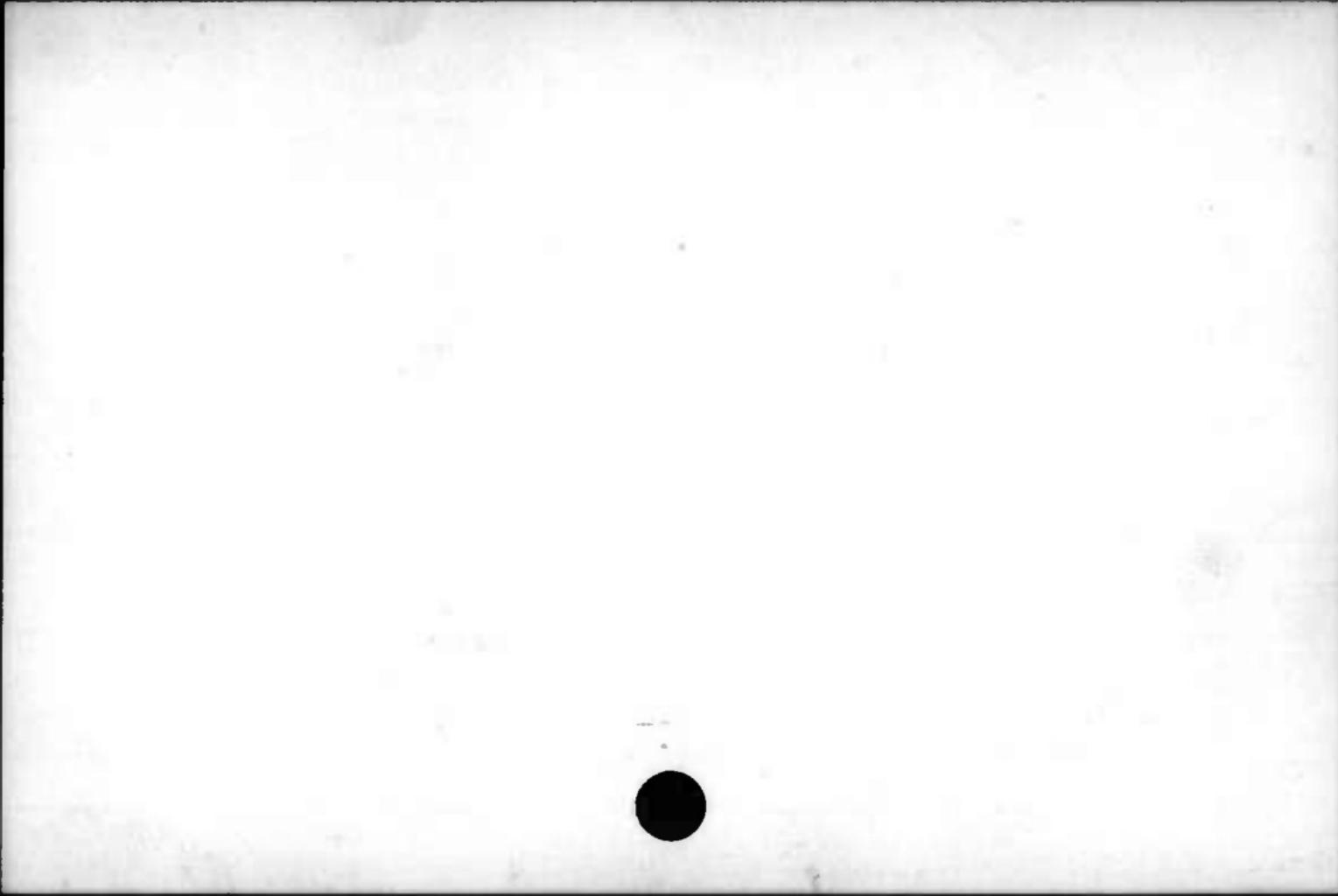
yes.

Signature of Physician

Address

J. C. Schirfield

Accident or Suicide?



Name  
in  
Full

August Leonard Meyers

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 20	Years —	Months 10	Days —
Sex Male	Color or Race White	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name August Meyers	Father's Birthplace Md.				
Mother's Maiden Name Kali McCamley	Mother's Birthplace Balt. Md.				
Name of person giving information	How related to deceased				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Encephalitis - Colitis	How long 4 days.
Immediate	Menigitis	How long 7 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Q. Edward James
		Address 837 N Euclid St.
Accident or Suicide?		



Name  
in  
Full

Mary Ellen Meyers

No 5-8

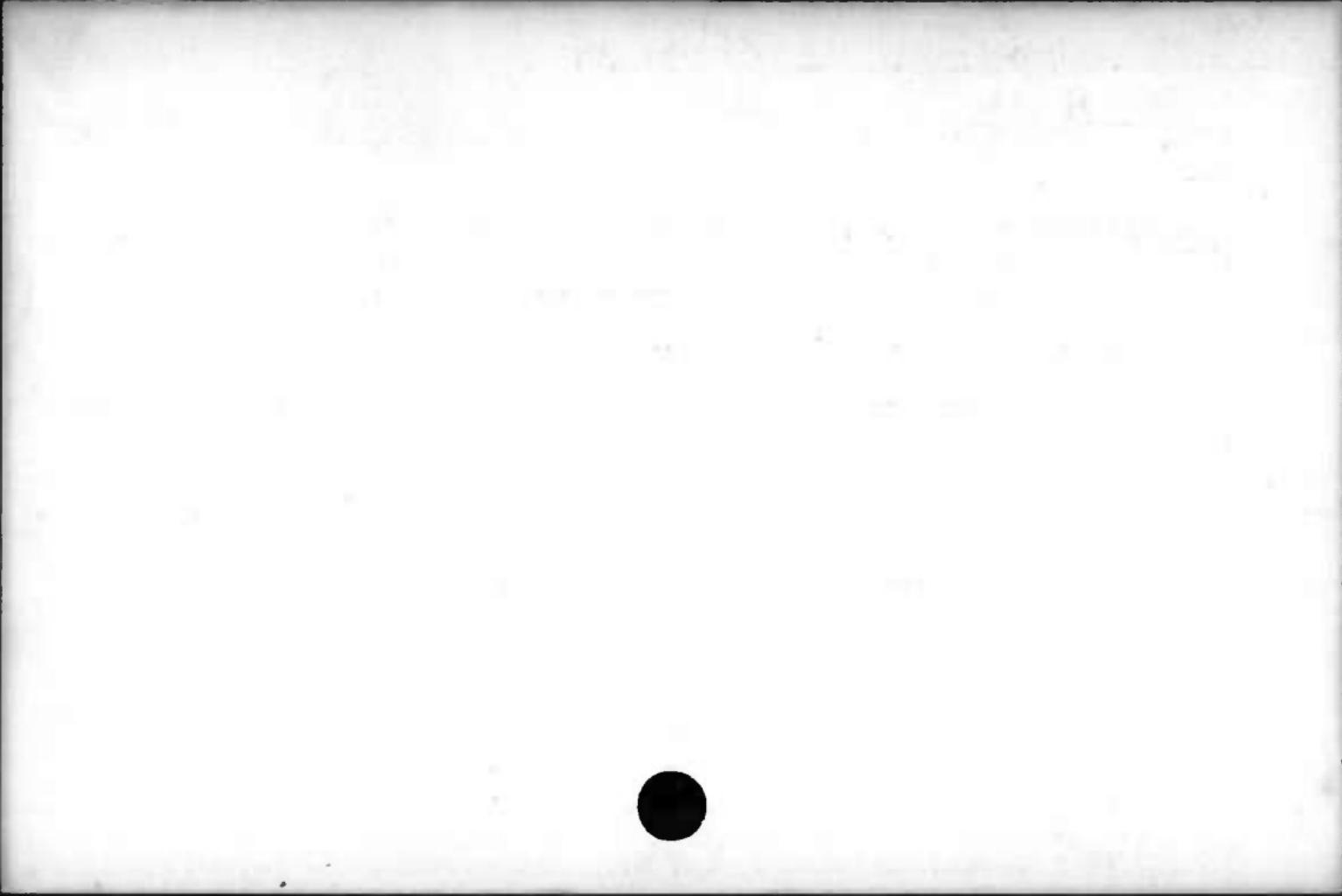
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Towley	Town	County	MARYLAND		
Date of death	1903	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	35	—	—
Occupation	House wife	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Husband	John Meyers	Towley		
Father's Name	Fris Williams	Father's Birthplace				
Mother's Maiden Name	Mary Williams	Mother's Birthplace				
Name of person giving information	Mrs. Myers	How related to deceased				

CAUSES OF DEATH

Primary	Pneumonia	93	How long	18 months
Immediate	Tuberculosis	Consultation	How long	12 months
Are the name, age, sex, color, date and place correctly given above?		JES	Signature of Physician	Jas. F. Gorsuch
			Address	Fort Washington, Md.
Accident or Suicide?				



Name  
in  
Full

Elisabeth Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died in Godorus Township	County York	Perm. No.			
Date of death 1903	Month August	Day 10	Years Age 79	Months 8	Days 17
Sex Female	Color or Race white	Occupation Housework			
Married, Single, Widowed					
Name of White Husband Noah H. Miller		Father's Name John Gant	Father's Birthplace Don't know		
Mother's Maiden Name Barbara		Mother's Birthplace Don't know			
Name of person giving Information Lura Abromoy Barbara Ellen Patherbaugh		How related to deceased Children			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Nitral Pyrungtation, Chronic hepatitis  
Immediate  
Respiratory, & Syncope

How long  
Several years  
How long  
6 days, death  
Sudden

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Hesby C. Stick

Glenville

York Co. Pa

Accident or Suicide? *Y* / *A* / *3* *over*

Buried in a  $\frac{1}{2}$  Disk

Baltimore Co.

*Elizabeth A. Miller*

Town

County

Died at

*Upper Falls**Baltimore*

60

MARYLAND

Date <i>1903</i>	Month <i>August</i>	Day <i>18</i>	Y. <i>78</i>	M. <i>-</i>	D. <i>-</i>	Native of <i>Germany</i>	Occupation <i>Hauswife</i>
<del>Male</del>	White		Age <i>78</i>	Married	Widow	<del>Divorced</del>	
Female	<del>Caucasian</del>		<del>Single</del>		<del>Widower</del>	Number of children living	<i>10</i>

Husband of *Albert A. Miller*

Father's Name

Mother's Name

Cause of Death

Primary

*Bronchitis*

How long sick

*2 weeks*

Immediate

*Weakness from age*

Accident, Suicide, Homicide

Reported by

*NSSK, re record*

Address

*Franklinville*

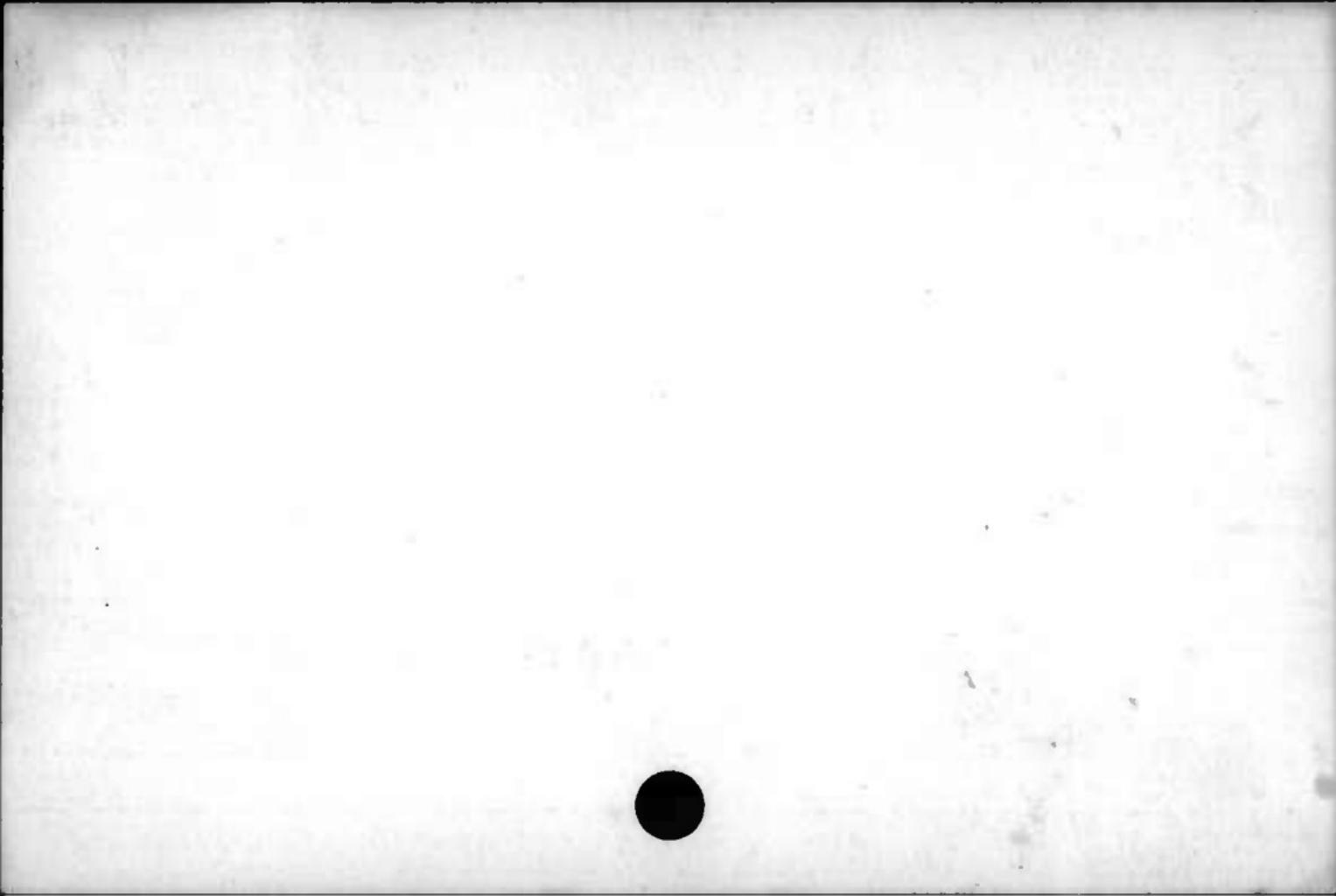
Intermont  
St Stephen's  
Church  
Upper Falls  
Baltim.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Ignatius Murphy				CERTIFICATE OF DEATH		
Died at Gramft		Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 2	Years	Months	Days	23
Sex male	Color or Race white	Occupation Infant	Birth-place Gramft Ind			
Married, Single or Widowed			Father's Name Julius A Murphy	Father's Birthplace Ballt C Ind		
Name of Wife or Husband			Mother's Maiden Name Mary E Dylor	Mother's Birthplace Howard C Ind		
Name of person giving Information			How related to deceased Father			
CAUSES OF DEATH						
Primary	Malaria			105	How long	23 days
Immediate	Exhaustion & Coma				How long	four hours
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Dr. J. Murphy, M.D.	
				Address	Gramft Ind	
Accident or Suicide?						



Name  
in  
Full

Infant of William and Mettie Mooney

## CERTIFICATE OF DEATH

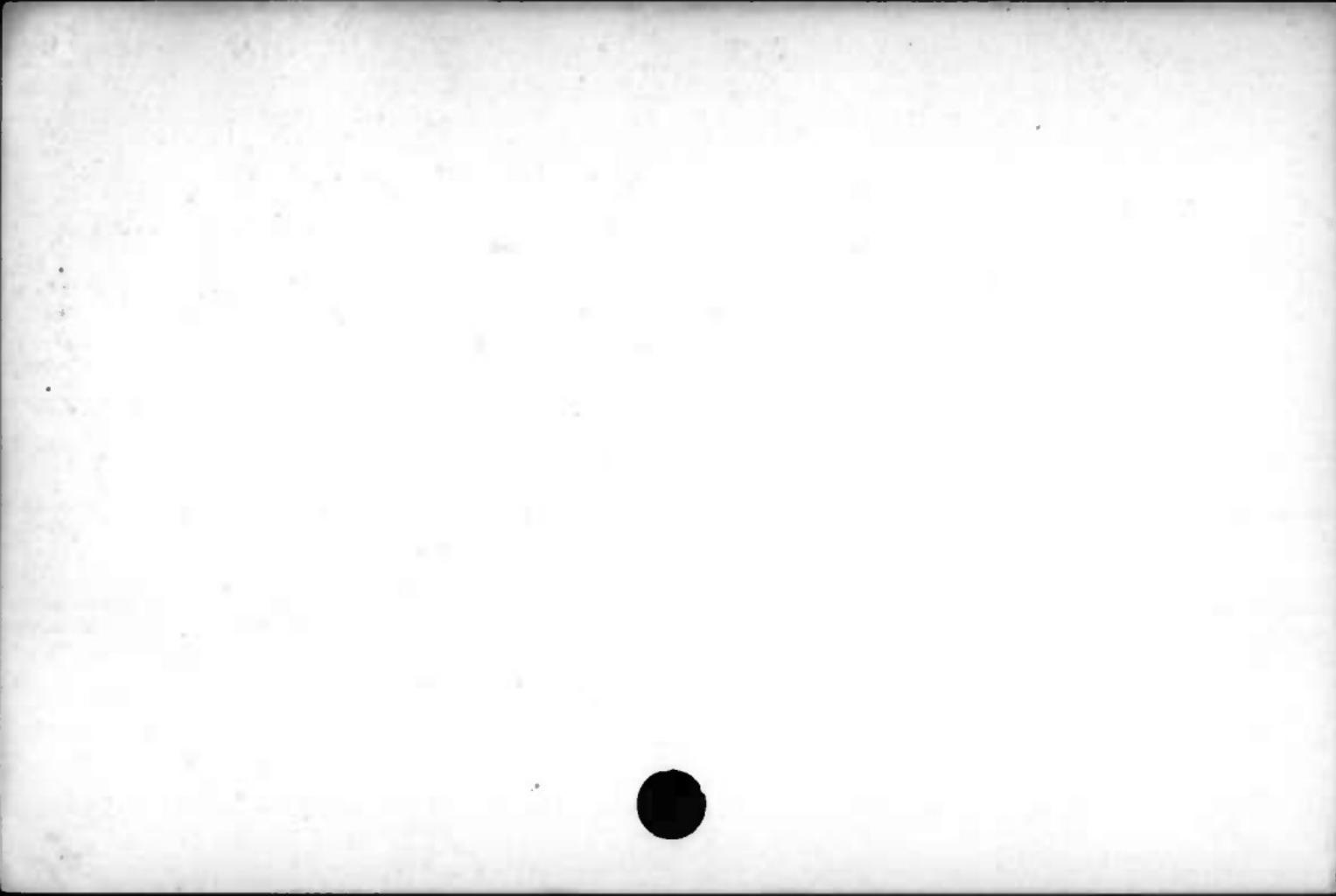
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Died at	Lansdowne	Baltimore					
Date of death 1903	Month Aug.	Day 13	Age	Years	Months	Days	4
Sex	Male	Color or Race	white -		Birth-place	Lansdowne, Md	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	William J. Mooney				Father's Birthplace	Anne Arundel Co	
Mother's Maiden Name	A. Mettie Owens				Mother's Birthplace	Anne Arundel Co	
Name of person giving Information	William J. Mooney				How related to deceased	Father	

## CAUSES OF DEATH

Primary	Failure to close of Foramina Ovalis	How long	4 days
Immediate	Cyanosis	How long	150
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank J. Ruhle
		Address	Lansdowne, Md.

Accident or Suicide?



Name  
in  
Full

Audrey Marie

CERTIFICATE OF DEATH

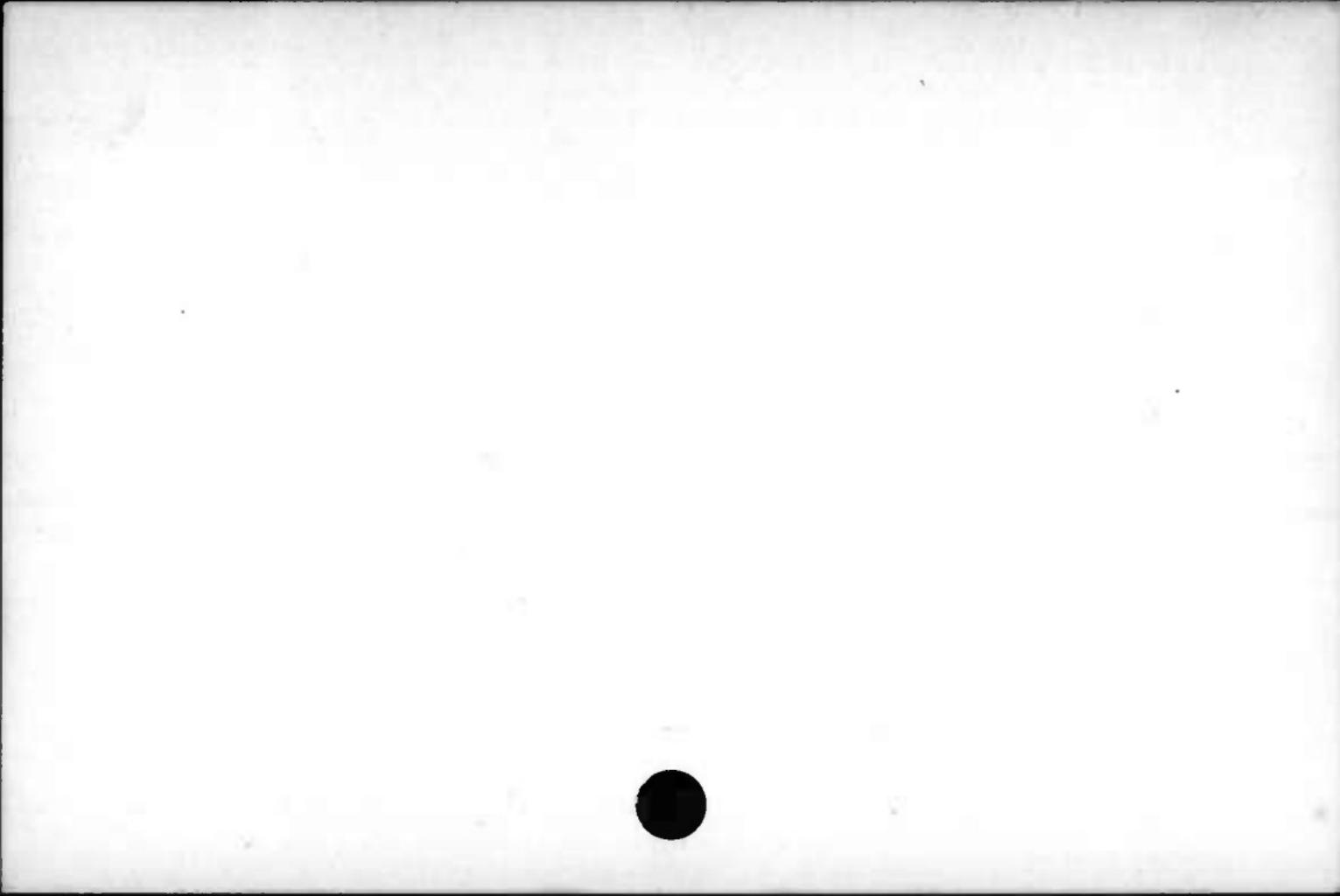
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Fallston	Baltimore			
Date of death 190	Month 3 Aug	Day 26	Years 66	Months 6	Days 4
Sex male	Color or Race white	Birth place Germany			
Married, Single or Widowed Married	Occupation Gardener				
Name of Wife or Husband Boabon Marie					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart failure 69	How long	Death
Immediate	Heart stroke	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ward Care
		Address	Garderville
Accident or Suicide?			Med



Name  
in  
Full

Mary Elizabeth Muller

37  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Summerfield</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>Aug.</u>	Day <u>5<sup>th</sup></u>	Years <u>42</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Co. Md.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Housemaid</u>					
Name of Wife or Husband						
Father's Name <u>Michael Muller</u>	Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Jane Francis</u>	Mother's Birthplace <u>Balto. Co. Md.</u>					
Name of person giving information <u>Anna Muller</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer

How long

18 months

Immediate

"

How long

"

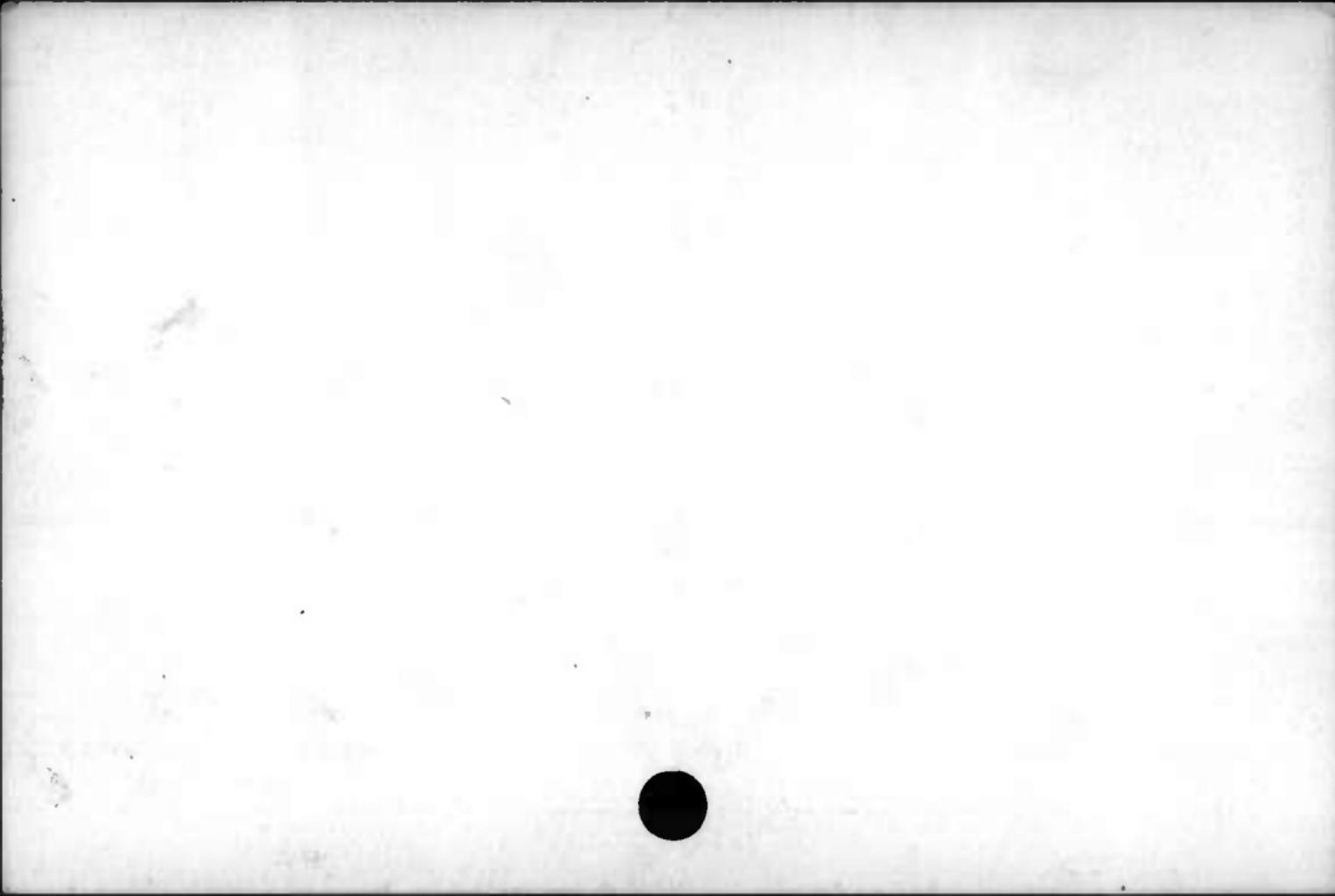
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ino Shreen, M.D.  
Gittings, Md.

Accident 6-11-2



Name  
in  
Full

Peter Neal.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Back River	County	Baltimore	0		
Date of death	Month	Day	Years	18	Months		
Sex	Male	Color or Race	white	Birth-place	Md		
Married, Single or Widowed	Single		Occupation	Painter			
Name of Wife or Husband							
Father's Name						Father's Birthplace	—
Mother's Maiden Name						Mother's Birthplace	—
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accidental drowning 172

How long

Immediate

4

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John G. Mulley Coroner  
216 O'Donnell St

Accident or Suicide?

Robt. Books, D.A.

Mt Carmel Clinic

Louise B Wilson

Town

County

MARYLAND

Died at

Roslyn

Baltimore

Died at

1903

Month

Day

Y.

M.

D.

Native of

Date 189

~~Man~~

White

Age 36

Widow

Md

Occupation

Housewife

Female

~~Single~~

Married

~~Widower~~~~Borned~~

Number of children living

Husband of

George P Wilson

Father's

Name

Dave Wilson

Mother's

Elizabeth Wilson

Cause of

Primary

Epilepsy

How long sick

About 3 yrs

Death

Immediate

Epileptic Convulsion

Accident, Suicide, Homicide

Reported by

W B M D

6A

Address

Cincinnati

Md



Name  
in  
Full

Million Walters Offutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Towson Monroe	Baltimore			
Date of death 1907	Month August	Day 20	Years	Months	Days
Sex male	Color or Race white	Occupation Sawyer			
Married, Single or Widowed	Widowed				
Name of Wife or Husband	Emily J. Offutt				
Father's Name	Dr. T. F. Offutt	Father's Birthplace	Maryland		
Mother's Maiden Name	Elizabeth Offutt	Mother's Birthplace	Maryland		
Name of person giving information	T. F. Offutt	How related to deceased	Cousin		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ludwigian	104	How long At intermission for 18 months
Immediate	Heart failure (Asgina)		How long Three days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address	J. H. Garrett Towson
Accident or Suicide?			

Henry W. Jenkins Sons  
Undertakers

Name in Full

Certificate of Death

Josephine Otto

Town

P. Roswell

County

Ovaltine

MARYLAND

Died at

Date of  
Death

Month

Day

Y.

M.

B.

Age

62

Native of

Md.

Occupation

White

Colored

Widow

Widower

Divorced

Number of children living

Female

Single

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Heart Failure

How long sick

Death

Immediate

Cardiac Paralysis

Accident, Suicide, Homicide

Reported by

H. L. Naylor

Address

P. Roswell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

George Ouelgone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Aug.	Day 9 <sup>th</sup>	Years	Months 3	Days 5	
Sex Male	Color or Race White	Occupation		Home		
Married, Single or Widowed single						
Name of Wife or Husband						
Father's Name Henry Ouelgone						Father's Birthplace Maryland
Mother's Maiden Name Mary Siefert						Mother's Birthplace Maryland
Name of person giving Information Henry Ouelgone						How related to deceased Father

CAUSES OF DEATH

Primary	Gastro Enteritis	How long	7 days
		How long	
Immediate	Obstruction	105	Dr. Kiley
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	2 Dr. Kiley
		Address	2 Dr. Kiley
Accident or Suicide? <input checked="" type="checkbox"/>			



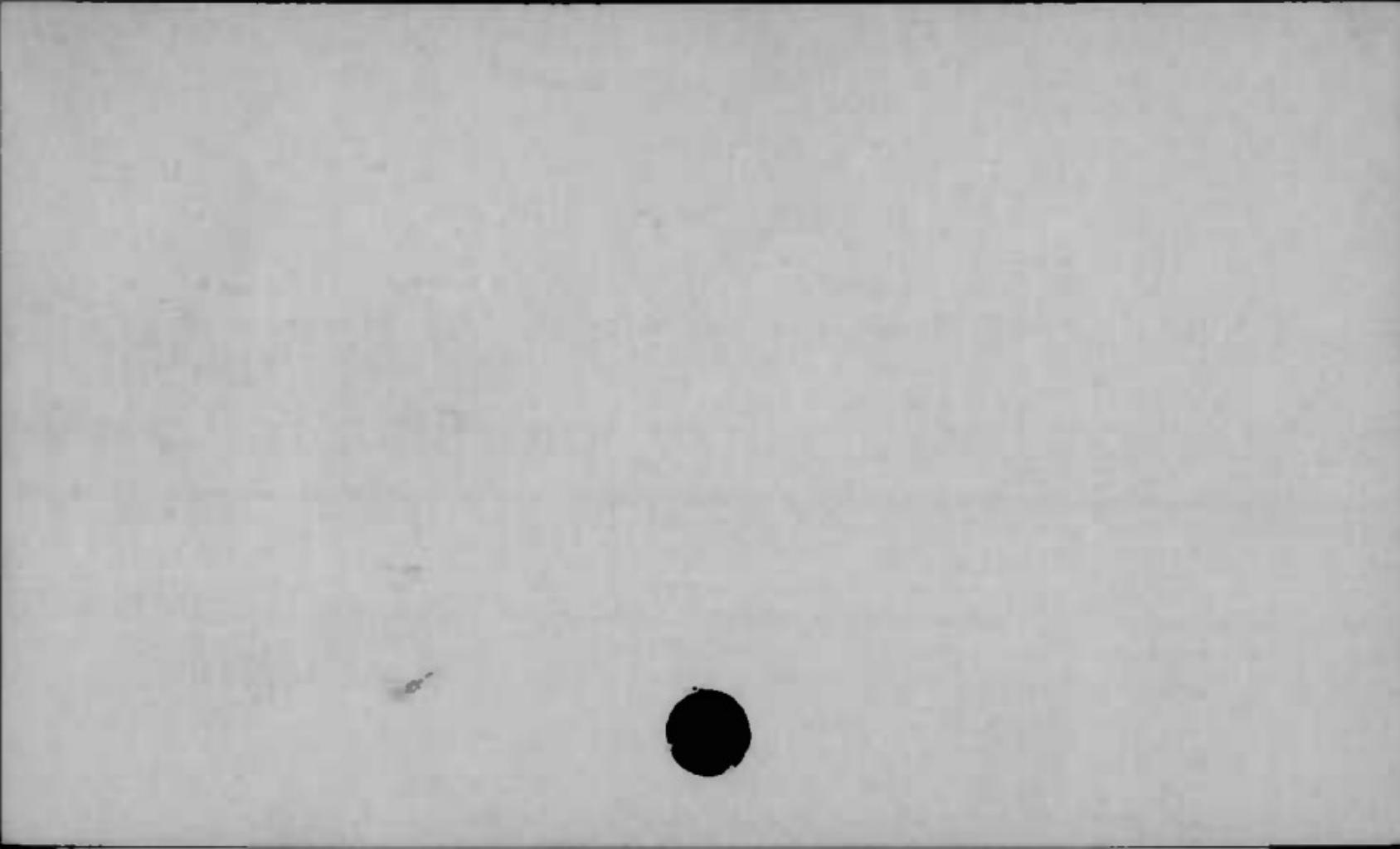
Name in Full

Certificate of Death

Richard W. Packham

Town Canton County Baltimore MARYLAND  
 Died at Date 1903 Month Aug Day 15 Y. M. D. Native of Occupation  
 Date 189 Male White - 7 - Md None  
 Number of children living  
 Husband of Wife  
 Father's Name Frederick Packham Mother's Name Annie Packham  
 Cause of Death Primary Cholera Infantum How long sick 17 days  
 Immediate Death Exhaustion Accident, Suicide  
 Reported by H. L. Reckard, M.D.  
 Address 910 Canton St. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

George H. Palmer						CERTIFICATE OF DEATH	
Died at <u>City Washington</u>			<u>Baltimore</u> County			MARYLAND	
Date of death 1903	Month 8	Day 22	Age 61	Years	Months 3	Days 28	
Sex male	Color or Race White			Birth-place <u>Md.</u>			
Married, Single or Widowed married	Occupation Laborer						
Name of Wife or Husband <u>Sarah E. Palmer</u>							
Father's Name <u>Joseph Palmer</u>				Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Cassandra Glassmore</u>				Mother's Birthplace <u>Md.</u>			
Name of person giving Information <u>Sarah E. Palmer</u>				How related to deceased wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease Chronic

How long

One year

Immediate

Aphoplexy

How long

24 hrs.

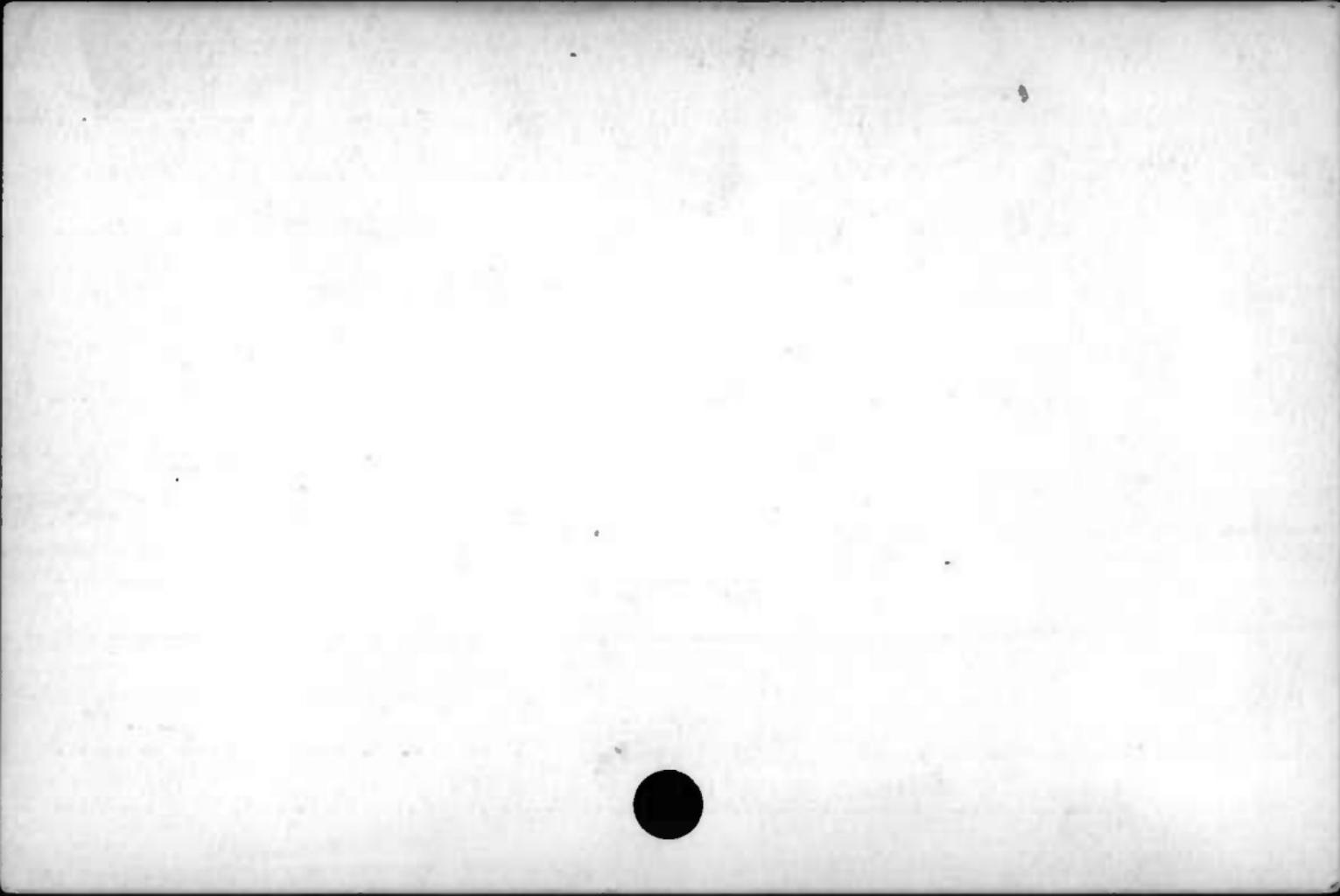
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

D. H. Beetsma

Accident or Suicide?

Address  
City Washington  
Md.



Name  
in  
Full

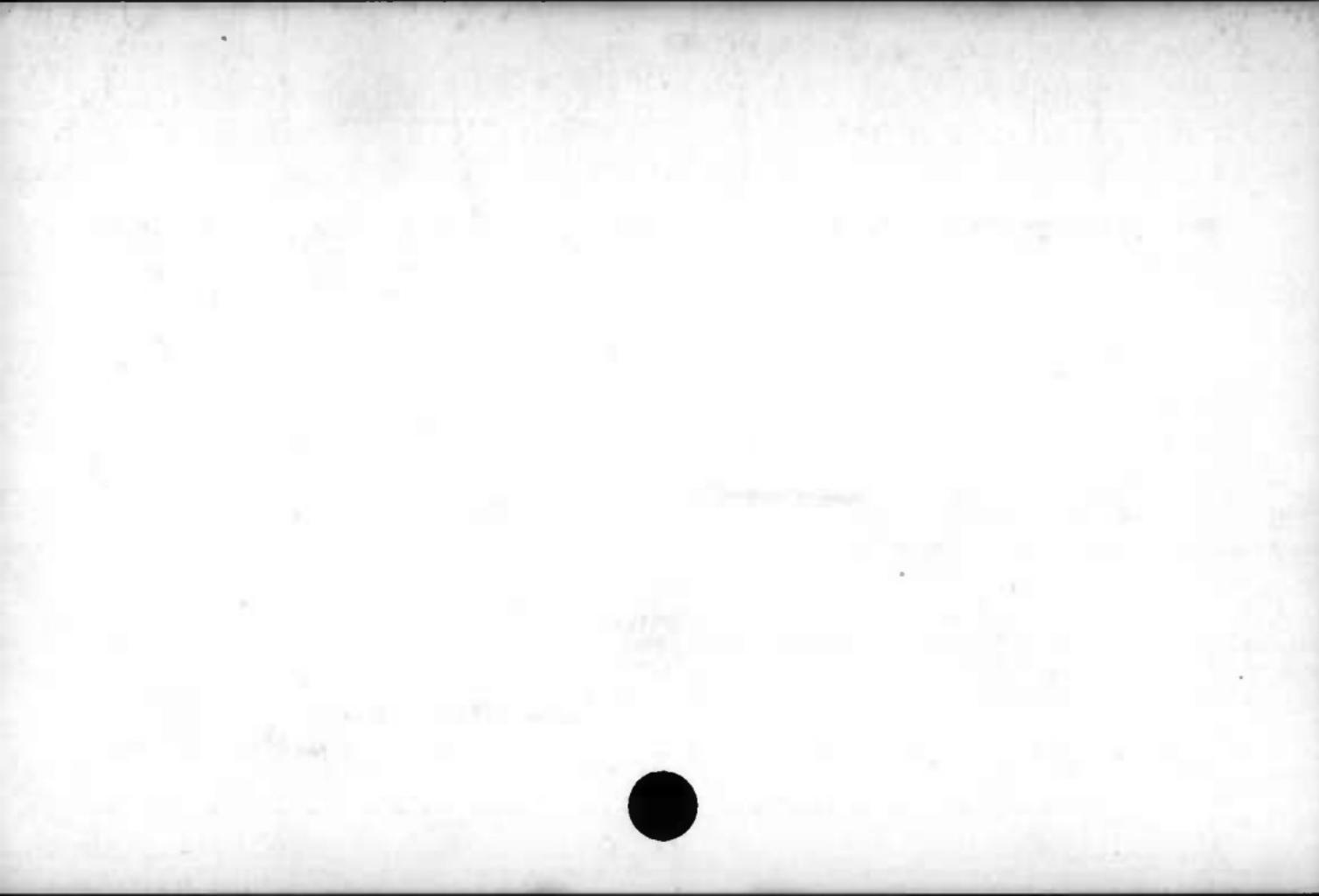
To BE ANSWERED BY  
NEAREST FRIEND

Gv. Paavale

CERTIFICATE OF DEATH

Town	County			MARYLAND		
Died at	Spencer Point	Colts				
Date of death 1903	Month August	Day 21	Years 18	Months —	Days —	
Sex Male	Color or Race White	Occupation	Sew worker			
Married, Single or Widowed						
Name of Wife or Husband	Audrey Paavale					
Father's Name	Audrey Paavale					
Mother's Maiden Name	Mary Ihde					
Name of person giving Information	Julieta Paavale					
CAUSES OF DEATH						
Primary	Alumunitein			How long	3 minutes.	
Immediate	Mutual Decomposition			How long	3 minutes	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	French to English		
Yes			Address	Spencer Point		
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Douglas Myres Pearce

Town: Manor County: Baltimore MARYLAND

Died at

Date 1903

Month Aug

Day 12

Y.

M.

D.

Native of  
48

Occupation

Male

Female

White

Colored

Age  
Married

Single

Widow

Widower

Divorced

Number of children living  
3

Husband of

Wife

Father's Name

Cause of Death

Death

Reported by

Address

Mother's Maiden Name

Maud Hutchins

How long sick

12 hours

Accident, Suicide, Homicide

T. Ross Payne  
Corbett

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Henry Silber Peddicord

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dick Keysville	Baltimore			
Date of death	Month	Day	Years	Months	Days
1903	Aug	30	42	11	24
Sex	Male	Color or Race	White	Birth-place	Baltimore Md
Occupation	Gleaner	Where Residing if not at place of death	2656 Young St Baltimore		
Married, Single or Widower	Name of Wife or Husband	Laura I Peddicord	Father's Name	George Peddicord	
			Father's Birthplace	Balto Co Md	
Mother's Maiden Name	Jane Peddicord	Mother's Birthplace	Balto Co Md		
Name of person giving information	Laura I Peddicord	How related to deceased	wife		

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long
Immediate	Intestinal Tuberculosis	9 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		G. C. Smith Pawhattan Md

Lorraine Comeloy

Name  
in  
Full

William L. Peppler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Aug	Day 9	Years 34	Months	Days
Sex male	Color or Race white	Birth- place Md			
Married, Single or Widowed married	Occupation Clerk				
Name of Wife & <u>Husband</u> Annie M Peppler					
Father's Name Harry Peppler	Father's Birthplace				
Mother's Maiden Name Barbara	Mother's Birthplace				
Name of person giving Information Annie M Peppler	How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 Months
Immediate	27	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. A. H. A. Mayer
		Address	1618 Madison Ave
Accident or Suicide?			



Name  
in  
Full

Robert Leon Perry -

CERTIFICATE OF DEATH

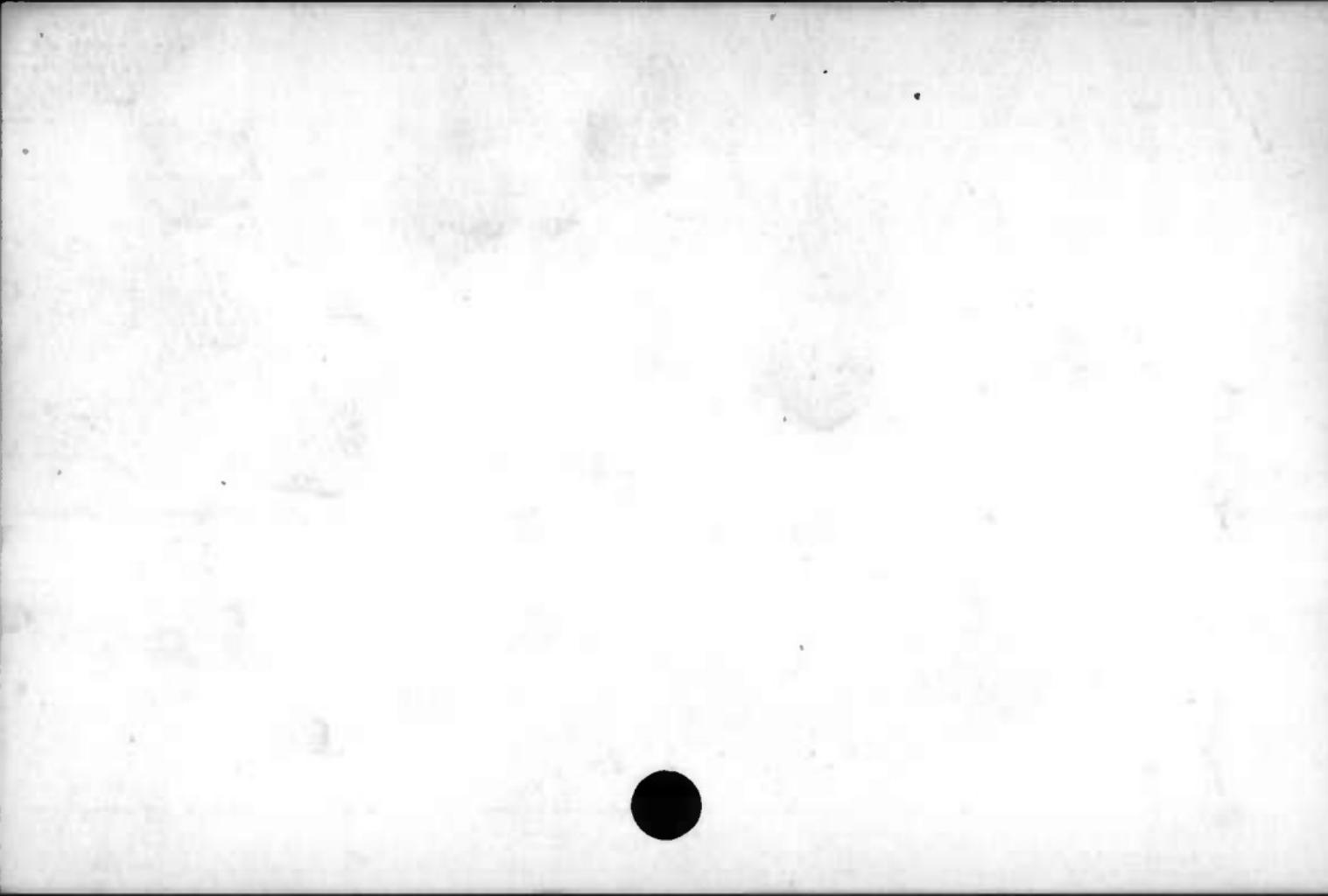
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 8	Day 28	Years 5 Months 9 Days
Sex Male	Color or Race Black	Birth-place Baltimore Md.	
Married, Single or Widowed	Scholar	Occupation Student	
Name of Wife or Husband			
Father's Name Joseph Lee Perry	Father's Birthplace Virginia		
Mother's Maiden Name Lavenia R. Perry	Mother's Birthplace Maryland		
Name of person giving information Lavenia R. Perry	How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	
Immediate	Cerebro spinal meningitis	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Address	S. Herbert Baskley Resistolium Md.	
Accident or Suicide?		



Name in Full

Certificate of Death

Ernest Wesley Powell

Town

County

Died at

MARYLAND

Belfort

Baet

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03

8 16.

6

Md.

Infant.

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Infant

Wife

Father's  
Name

Mother's

Maiden Name

Sarah Diggs,

Name

Primary

Secondary

Tertiary

Quaternary

Quintenary

Infant

Morosunes

Infantile Atrophy

Prog.

Astrocytosis

Accident, Suicide, Homicide

2 weeks

How long sick

L.F. Mitchell

103

Reported by

Towson P.O.

Baltimore Co.

Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John C. St. Passler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month Aug	Day 6	Years 81	Months	Days
Sex	Male	Color or Race	White	Occupation	Birth-place Germany	
Married, Single or Widowed				Farmer		
Name of Wife or Husband		Julia				
Father's Name				Father's Birthplace	Germany	
Mother's Maiden Name		Julia Adely		Mother's Birthplace	" "	
Name of person giving Information		H. J. Hebb		How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Necrosis of Stomach

How long

one week

Immediate

Acute Indigestion

How long

" "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

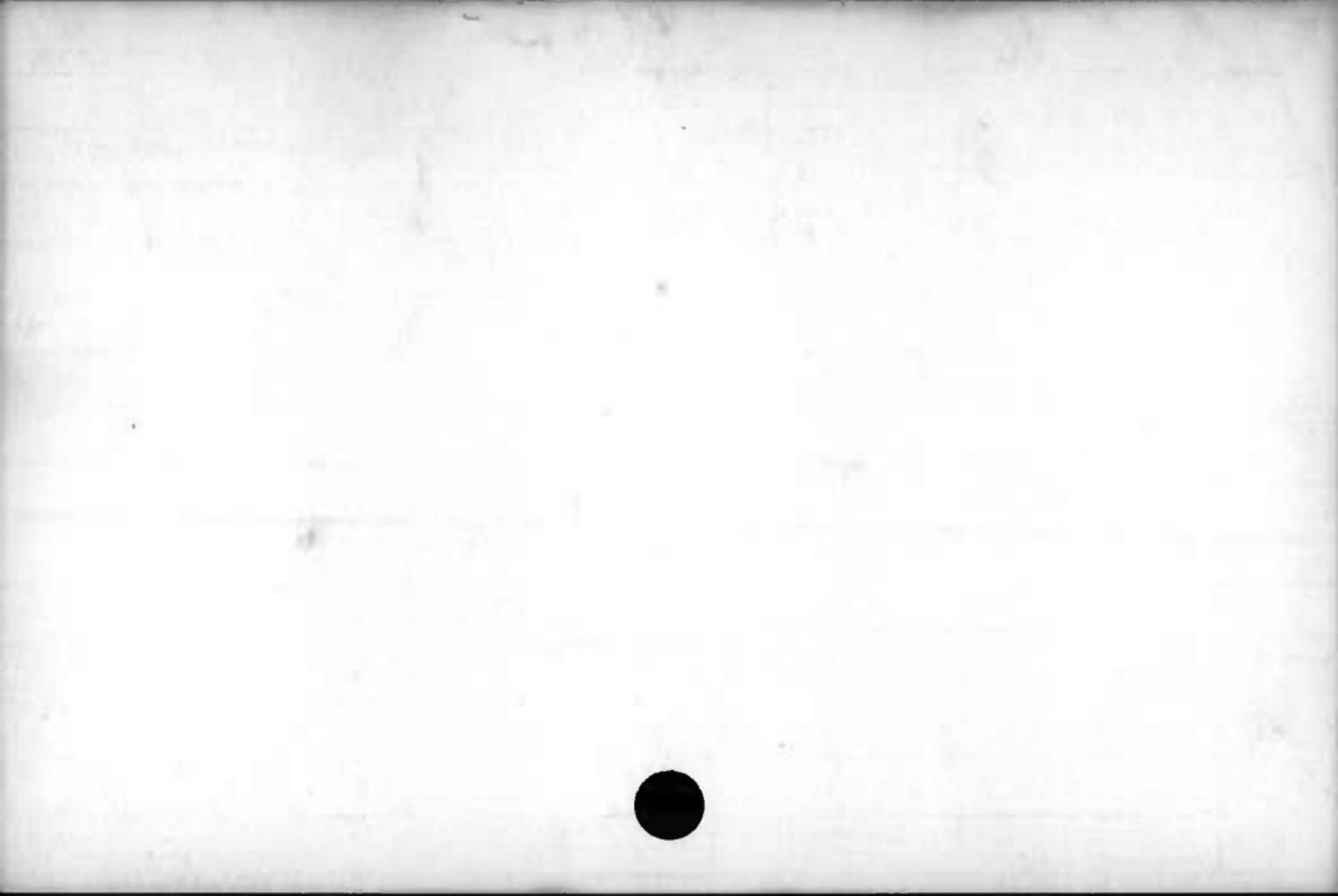
Address

H. J. Hebb

Randallstown

Baltimore Co

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

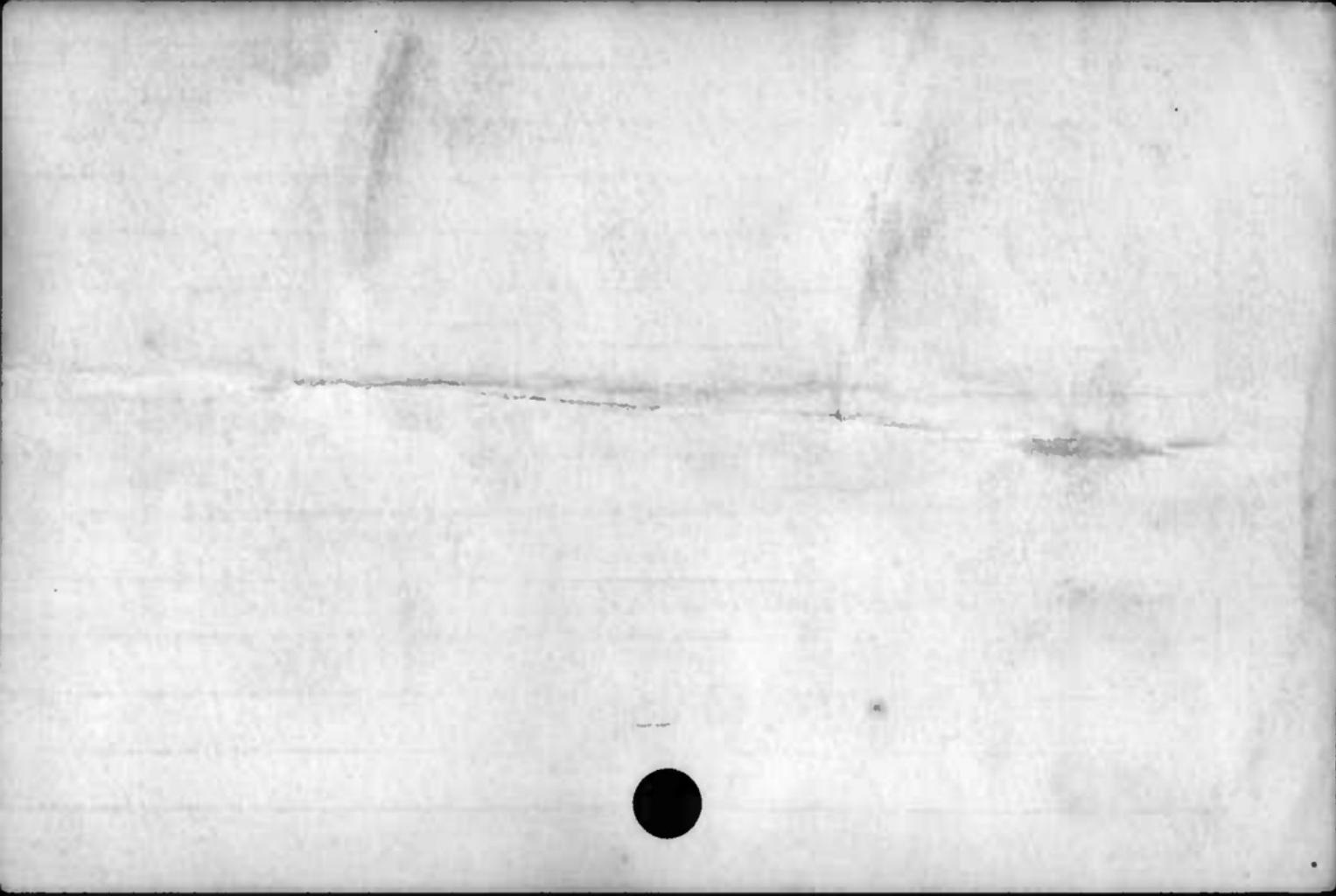
Ada Price

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1903	Month 8	Day 23	Years 13	Months 11	Days 17	
Sex Female	Color or Race Black	Occupation		Birth-place Md		
Married, Single or Widowed						
Name of Wife or Husband X						
Father's Name	Henry Price		Father's Birthplace		2d	
Mother's Maiden Name	Millie Sanders		Mother's Birthplace		9th	
Name of person giving Information	Father		How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bilious Fever	How long	10 days
	Immediate	Exhaustion	How long	24 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.B. Hall	
		Address	Mt. Winans	
Accident or Suicide?		no		



Name  
in  
Full

William Harry Elsworth Rainor

CERTIFICATE OF DEATH

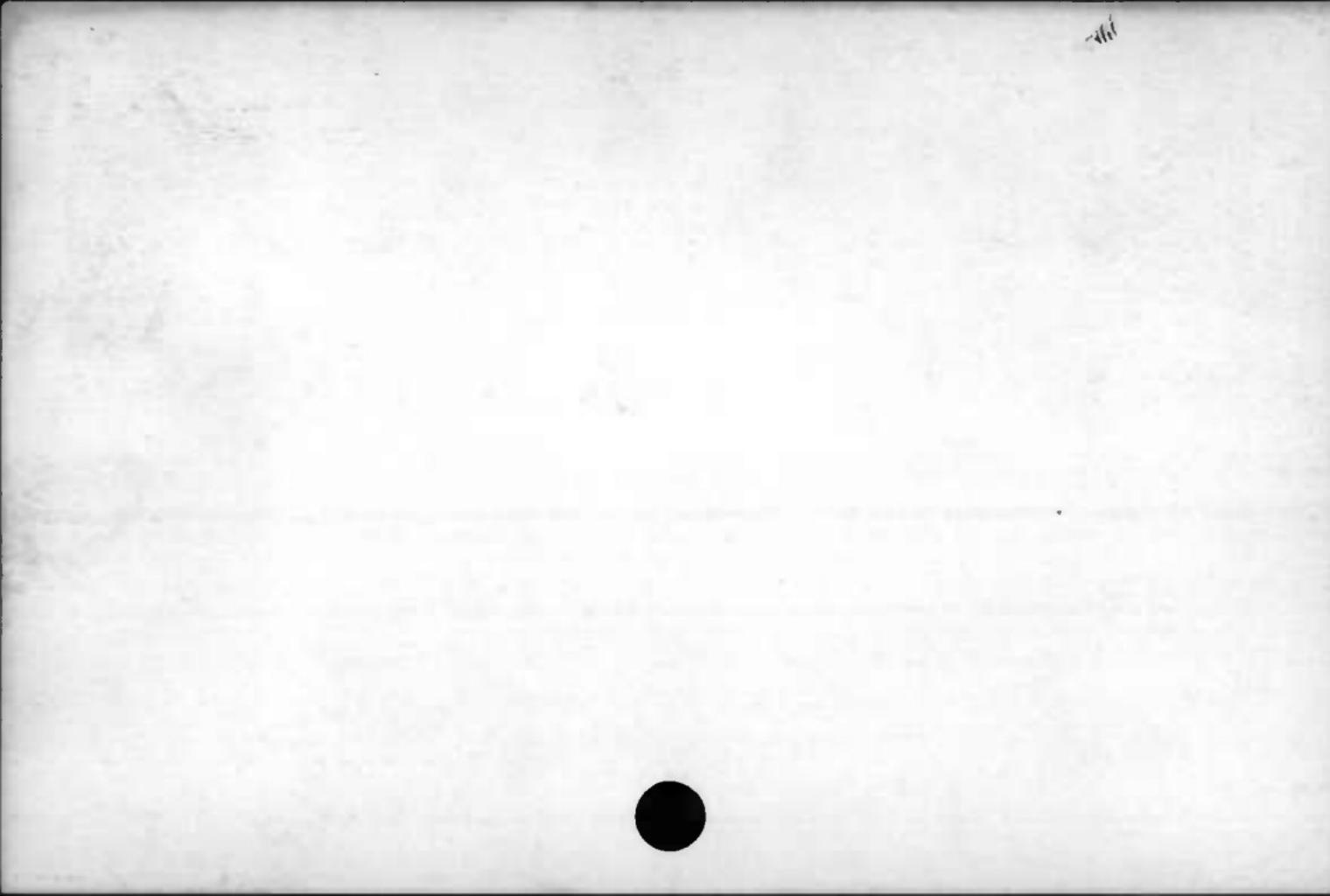
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	- MARYLAND		
Glyndon	Baltimore				
Date of death	Month	Day	Years	Months	Days
1903	Aug	9	25	3	21
Sex	Male	Color or Race	White	Birth-place	Md
Married, Single or Widowed	Occupation		Single Laborer		
Name of Wife or Husband					
Father's Name	f. R. Rainor		Father's Birthplace	Ireland	
Mother's Maiden Name	Georganna Brown		Mother's Birthplace	U. S.	
Name of person giving information	Georganna Rainor		How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Obstruction of bowels	How long	6 mo.
Immediate	Peritonitis	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Y	Signature of Physician	Howard Rice
	S	Address	Glyndon
Accident or Suicide?	X		



Name  
in  
Full

Mrs. Mary Rawley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		Baltimore	MARYLAND
Date of death 1903.	Month	Day	Years	Months	Days	
VIII	V	Age	45			
Sex	Female	Color or Race	White	Birth- place	Scotland	
Married, Single or Widowed		Occupation		None		
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis ✓

How long

Immediate

Exhaustion

How long

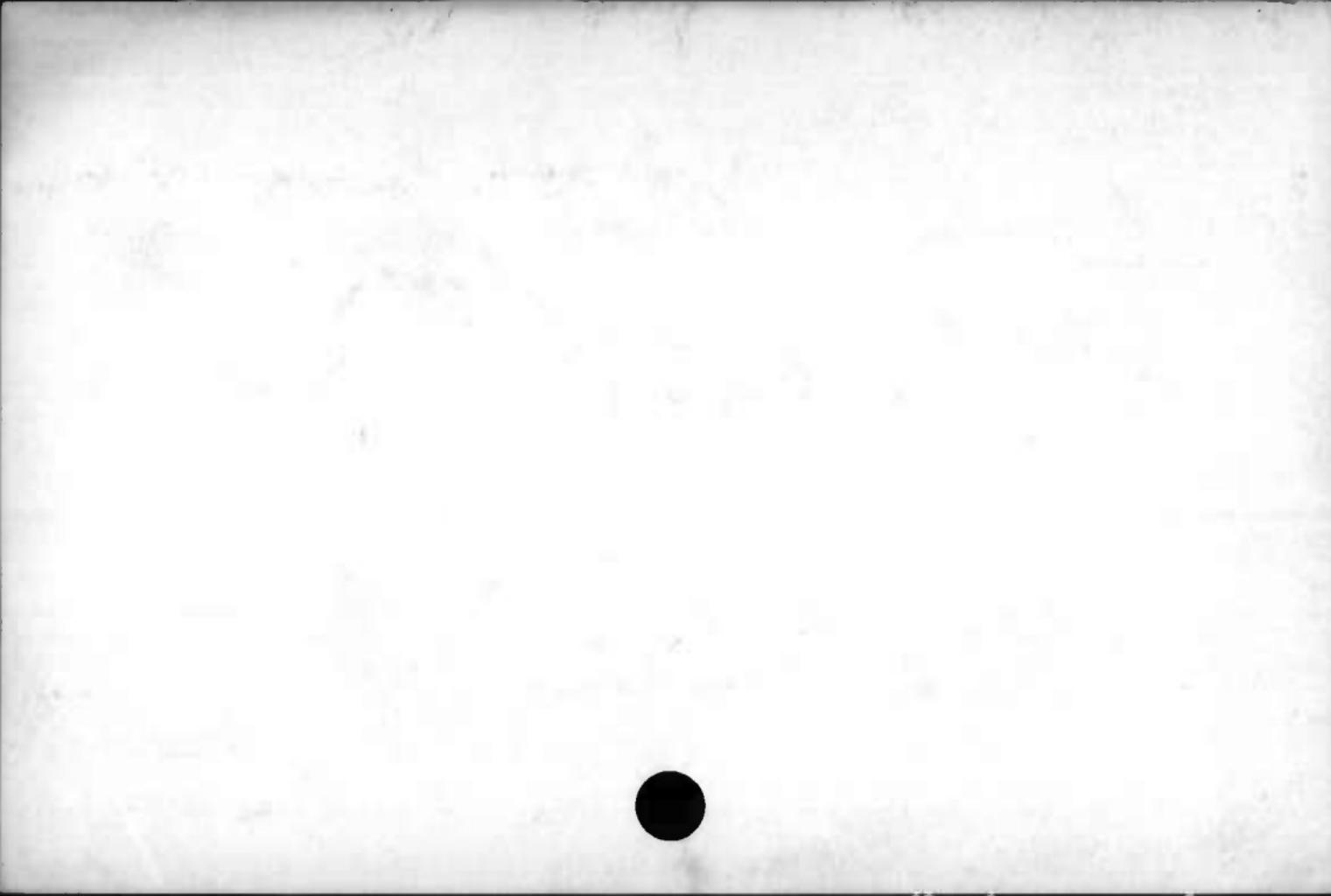
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

F W Keown MD  
1938 Linden Av

Accident or Suicide?



Name  
in  
Full

Sarah Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Wernile	Baltimore	
Date of death 1903	Month 8	Day 27	Years 65
Sex Female	Color or Race Blond	Birth-place Va	Months Days
Married, Single or Widowed	Occupation Cook		
Name of Wife or Husband	Henry Rhodes		
Father's Name	John Lee	Father's Birthplace	Amy Lee
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information		How related to deceased	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Bright's Disease

How long

-

Immediate

Seizure & Convulsion.

How long

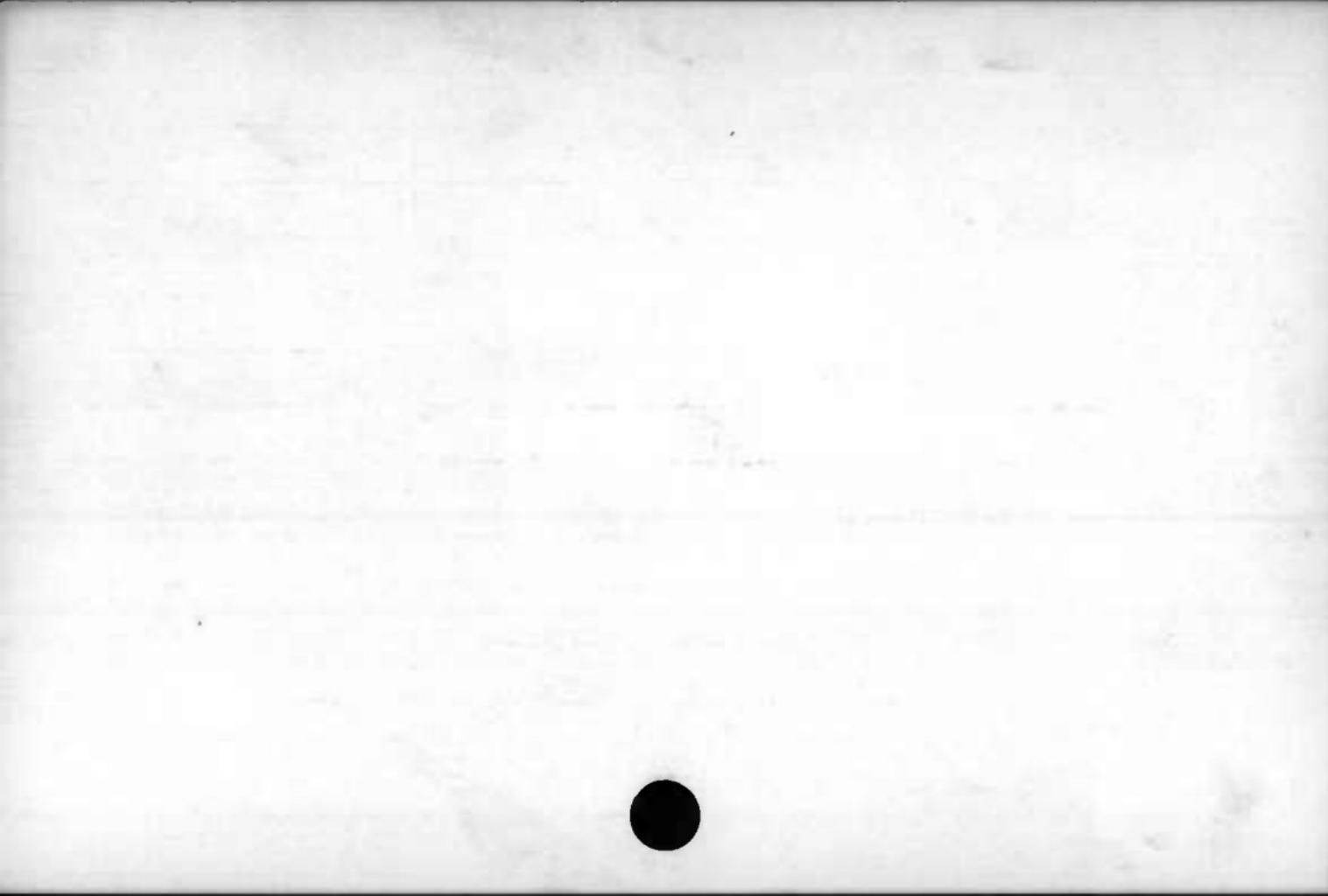
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. B. Sherry  
Ridley, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John S. Ritter

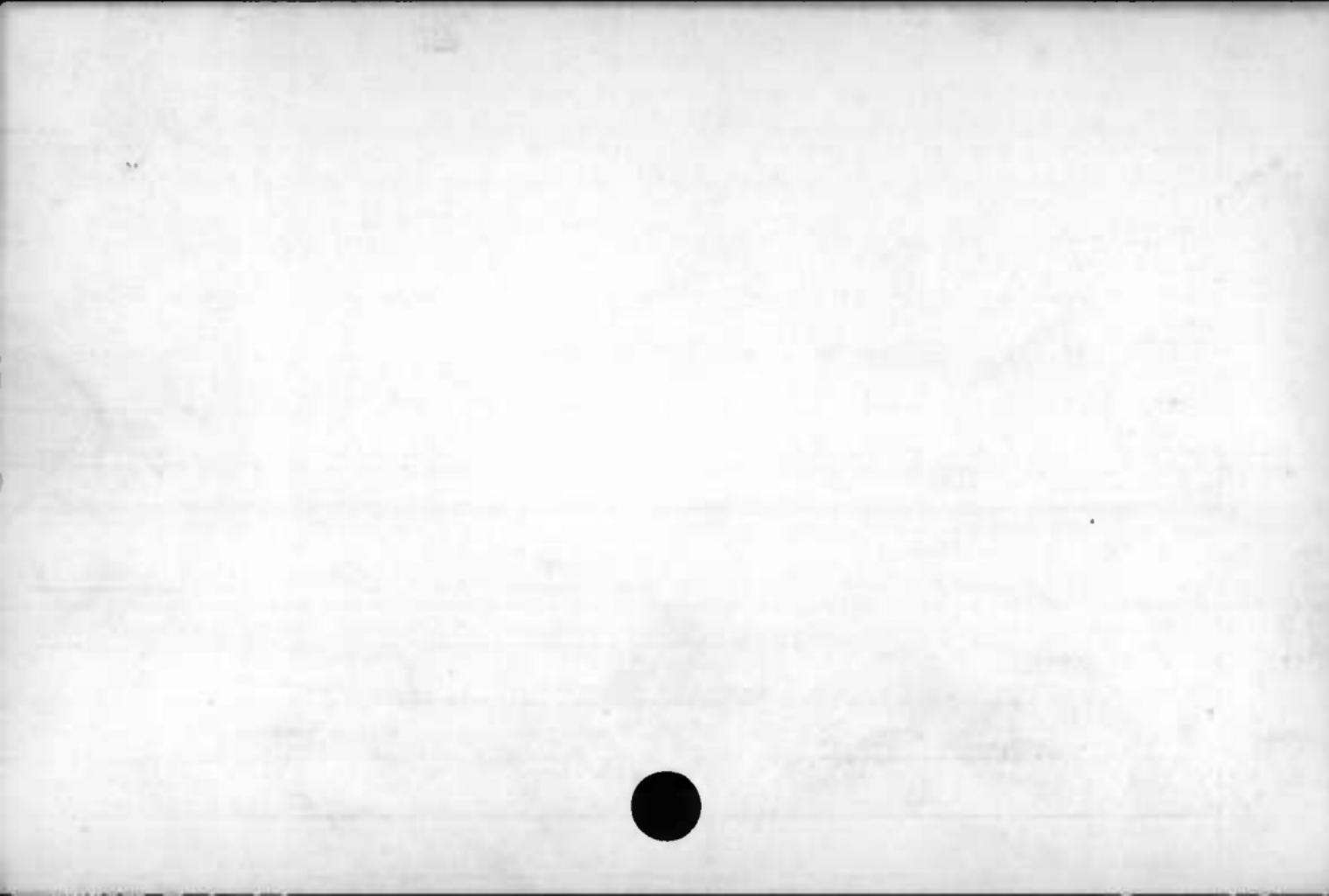
CERTIFICATE OF DEATH

Died at		Town	Pleasant Plain	County	Baltimore	MARYLAND	
Date of death 190	Month	Aug	Day	2	Years	4	Months
Sex	male	Color or Race	white	Occupation	Birth- place	Torson	Days
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Albert F. Ritter				Father's Birthplace	Baltimore	
Mother's Maiden Name	Fannie Gross				Mother's Birthplace	Baltimore	
Name of person giving Information	Fannie Ritter				How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro-Intest. Catarrh	How long	smicrinx
Immediate	Inanition	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sto. J. K. Herzig
		Address	York Road, Baltimore, Baltimore Co.
Accident or Suicide?			



Maurice L. Roberts.

Town

County

Died at

MARYLAND

~~Span~~ White Point, Belts.

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Aug.	1	Age	1-3		Md	None
Male		White	Married		Widow	Divorced	
Female		Colored	Single		Widower	Number of children living	

Husband of

Wife

Father's

Name

Joseph L. Roberts,

Mother's

Maiden Name

Stella Wiley

Cause of

Primary

~~Malaria~~.

How long sick

3 weeks.

Death

Immediate

Exhaustion

105

Accident, Suicide, Homicide

Reported by

F. C. Elsgeel, M.D.  
Spencer Reid

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



▼

Name  
In  
Full

Unnamed Inf Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>White marsh</u>	County <u>Baltimore</u>	MARYLAND		
Date of death 1903	Month Aug	Day 3	Years 0	Months 0	Days 0
Sex Male	Color or Race white	Birth-place <u>2nd</u>			
Married, Single or Widowed	—	Occupation —			
Name of Wife or Husband	—				
Father's Name	<u>Chas Robinson</u>	Father's Birthplace <u>2nd</u>			
Mother's Maiden Name	<u>Mary Shoney</u>	Mother's Birthplace <u>2nd</u>			
Name of person giving information	<u>Chas Robins</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Sick Born</u>	How long
Immediate		How long

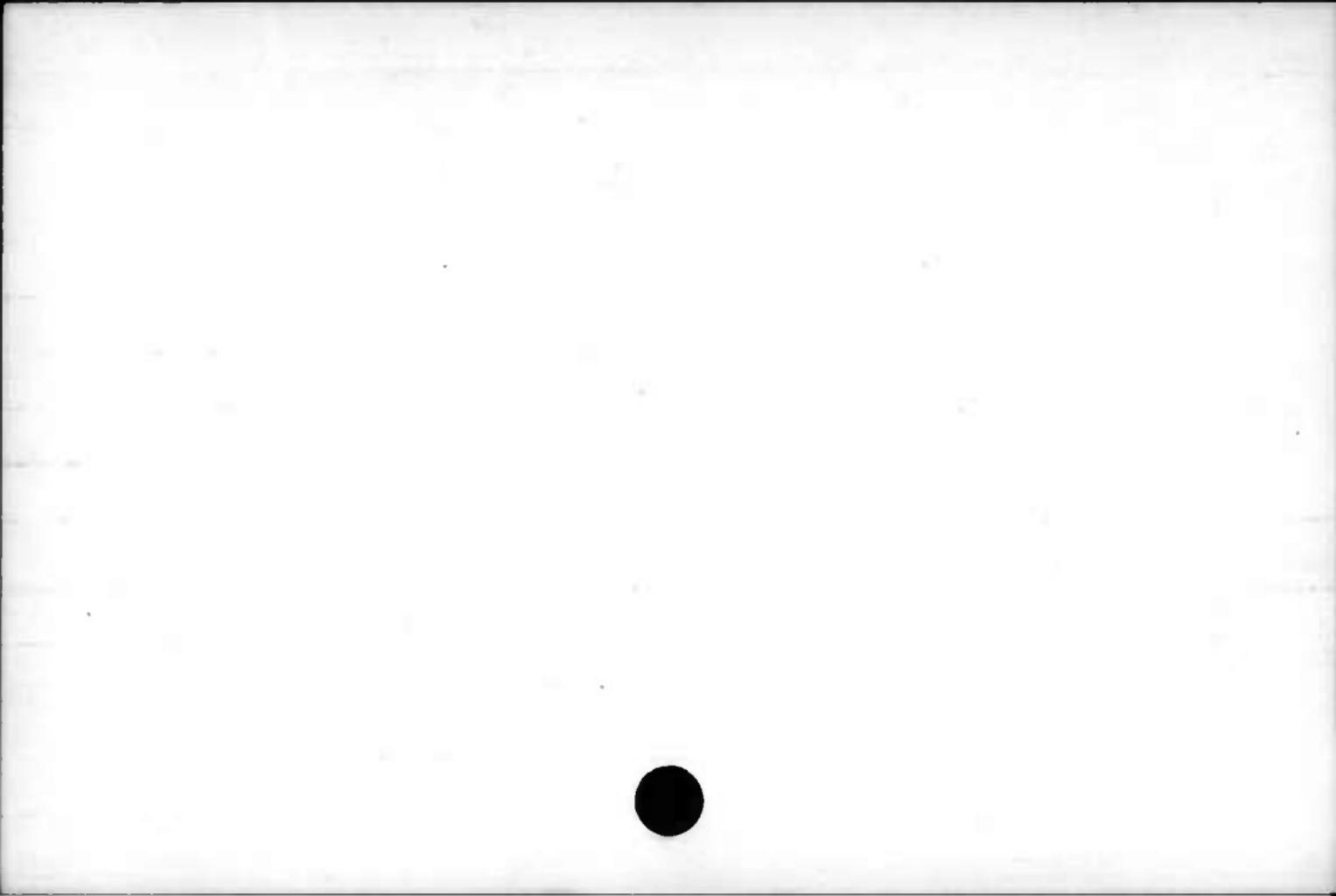
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

X William Smith Jr  
White Marsh PO  
Balto Co MD

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Everett Peckenbaugh  
Died at Elliott City Baltimore  
Town County  
Date Month Day Age Years Months Days  
of death 1903 Aug 11 9 3 5

CERTIFICATE OF DEATH

MARYLAND

Sex male Color or Race white Birth-place Maryland  
Occupation school boy  
Married, Single or Widowed  
Name of Wife or Husband  
Father's Name Edward Rockenbaugh Father's Birthplace West Virginia  
Mother's Maiden Name Mary E Rockenbaugh Mother's Birthplace West Virginia  
Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Drowning

How long

172

Immediate

Accidental Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

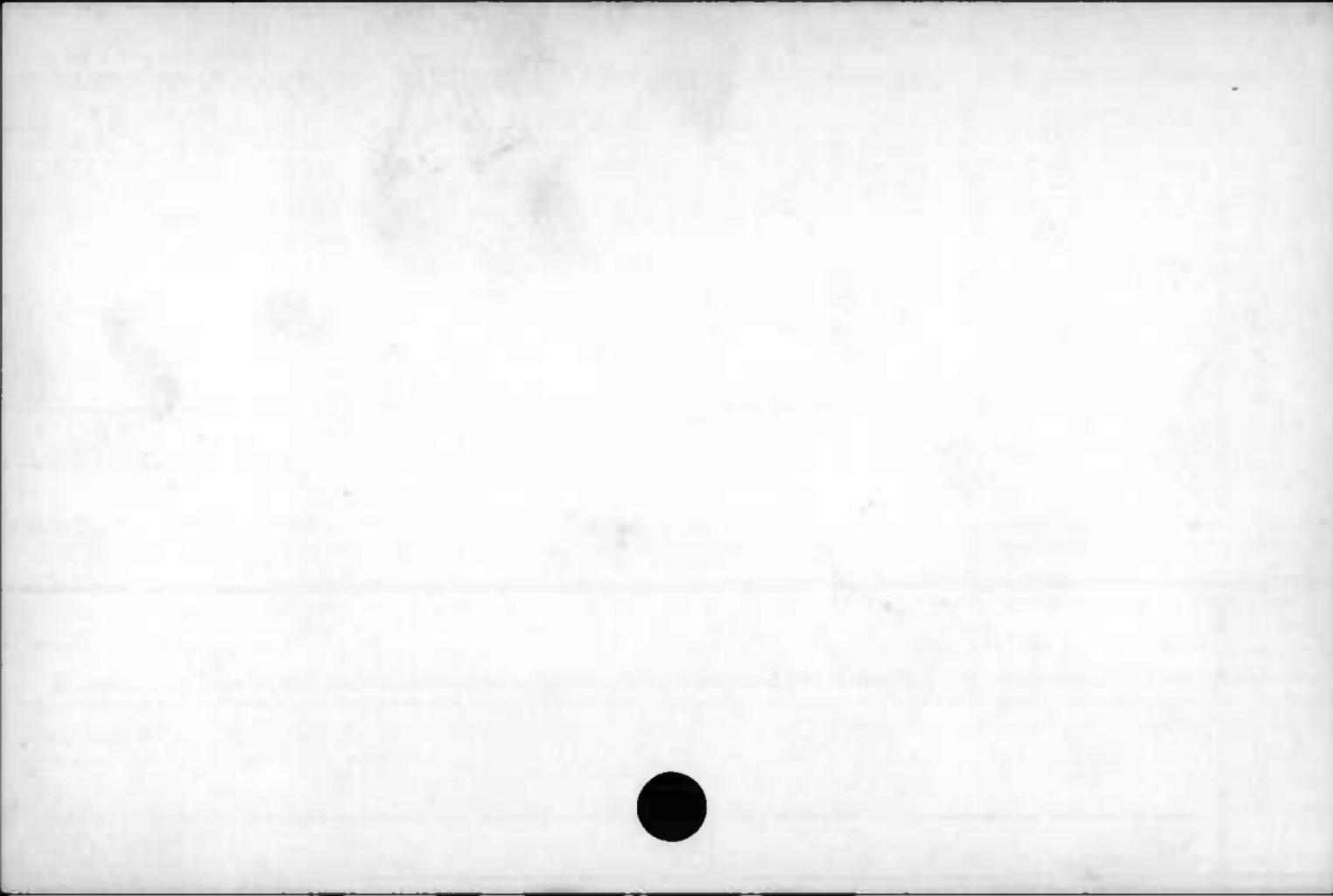
Signature of  
Physician

Address

James Glenshaw  
Villa. Ballito road

Accident or Suicide?

Accident



Name  
in  
Full

Ella M. Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Catoonsville	Balto.				
Date of death	Month	Day	Years	Months	Days	
1903	Aug.	23	57	—	—	
Sex	female	Color or Race	white	Birth- place	Balto Md	
Married, Single or Widowed	widow	Occupation		none		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

Primary	Agitated melancholia		How long
			about 4 months
Immediate	Cerebral hemorrhage		How long
			a few hours -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. Rushmer White M.D.
		Address	Catoonsville Md.
Accident or Suicide?			



Name  
in  
Full

Maryares Catherine Shannon  
Balowerville

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Balowerville	County Baltimore	MARYLAND
Date of death 1903	Month Aug	Day 27	Years 1
Sex Female	Color or Race white	Birth- place	Months 10
Occupation	Where Residing if not at place of death		
Married, Singl or Widowed	Name of Wife or Husband	Father's Name Wm J. Shannon	Father's Birthplace Ireland
Mother's Maiden Name Catherine O'Laughlin	Mother's Birthplace "		
Name of person giving Information Wm J. Shannon	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Scald.

How long

3

Immediate

Shock

167

How long

24 hours

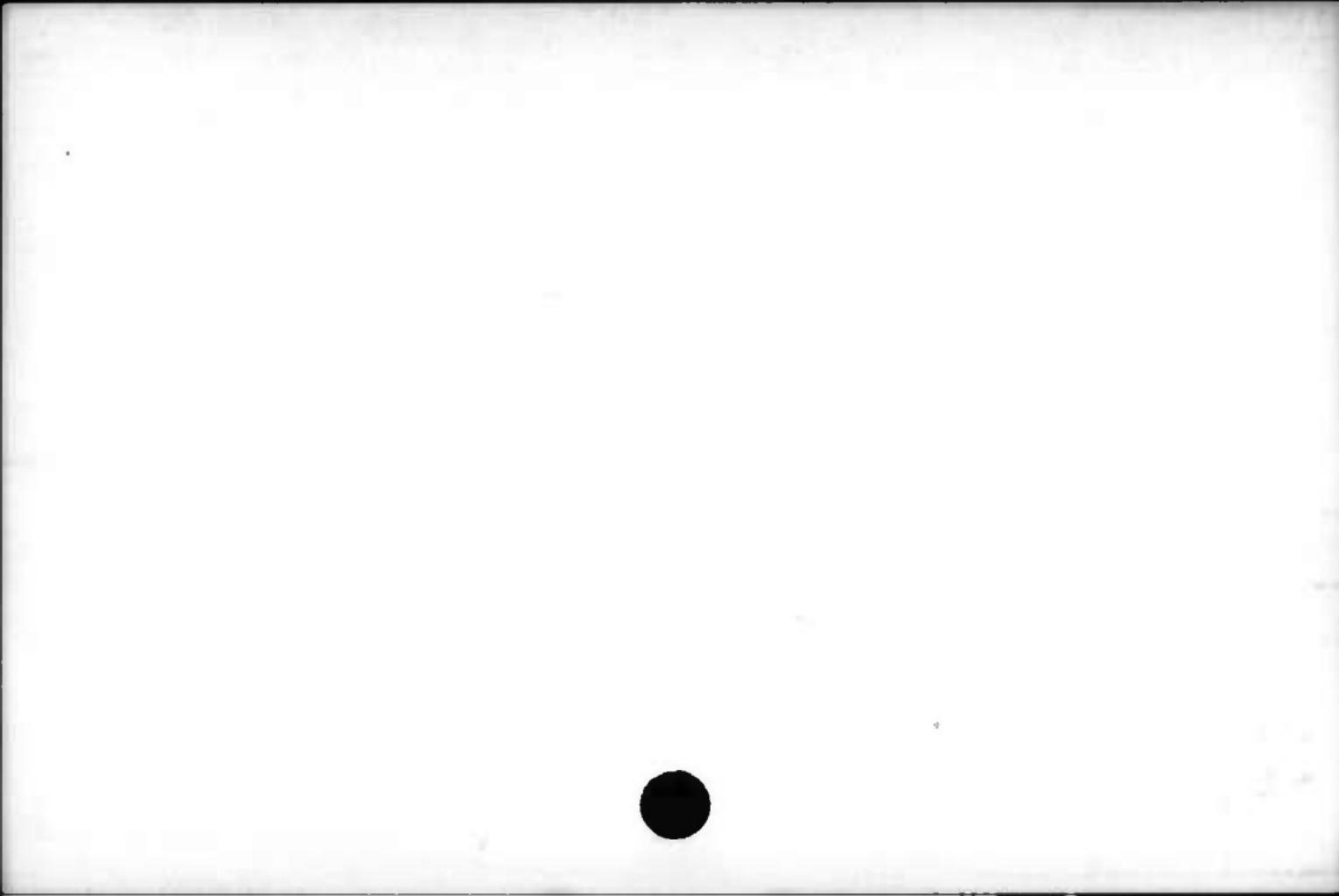
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr C Z Mattfeldt  
Balowerville

Accident or Suicide?



Name  
in  
Full

John Henry Schepling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 8	Day 10	Years 1	Months 11	Days 2	
Sex Male	Color or Race White	Birth-place Baltimore Co				
Married, Single or Widowed Single	Occupation worker					
Name of Wife or Husband						
Father's Name Joseph Schepling	Father's Birthplace Germany					
Mother's Maiden Name Eda E. Hayes	Mother's Birthplace Baltimore					
Name of person giving Information Eda E. Schepling	How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Edamycia	How long one day
Immediate Apnea 71	How long one day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. Nelschowalck M.D.
	Address 2429 Fair Ave
Accident or Suicide? No	

H Sanders & Sons  
Mount Carmel

Name  
in  
Full

Kunigunda Schubert

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Canton	Baltimore				
Date of death 1903	Month Aug.	Day 20 <sup>th</sup>	Years Age 38	Months	Days	
Sex Female	Color or Race White	• Birth-place Germany				
Married, Single or Widowed	Occupation None					
Name of Wife or Husband	John Schubert					
Father's Name	Joseph Neubauer	Father's Birthplace Germany				
Mother's Maiden Name	don't know	Mother's Birthplace Germany				
Name of person giving information	John Schubert	How related to deceased Husband				

CAUSES OF DEATH

Primary	Uterine Carcinoma	How long 6 mos.
Immediate	Gradual exhaustion	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J.W. Collenburg
		Address 1810 E Baltimore
Accident or Suicide? No		

PHYSICIAN  
OR CORONER

Germanus <sup>2</sup> France

Aug. 22<sup>nd</sup> 1903

Sacred Heart Cemetery

Name  
in  
Full

James Joseph Shanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Reckord-	Palio				
Date of death	Month	Day	Years	Months	Days
1903	Aug	8	55	1	✓
Sex	Male	Color or Race	white	Birth-place	Ireland -
Occupation	Farmer			Where Residing if not at place of death	✓
Married, Single or Widowed	Single	Name of Wife or Husband	✓	Father's Birthplace	Ireland -
Father's Name	John Shanahan 79			Mother's Birthplace	Ireland
Mother's Maiden Name	Mary Burke			How related to deceased	Sister
Name of person giving information	Mary Tysack				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart Disease		How long
	Immediate	ii	ii	2 weeks
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician
Yes				Address
				Gas. 5, W. Gough Folk Md.
Accident or Suicide? ✓				

Batt. ev.

Name  
in  
Full

Wm S. Sheppard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 11	Years Age 39, <del>+</del>	Months 4	Days 25-
Sex Male	Color or Race white	Birth-place Md.			
Married, Single or Widowed	Occupation Huckster				
Name of Wife or Husband	Mary Sheppard				
Father's Name	John S. Sheppard	Father's Birthplace	Maine		
Mother's Maiden Name	Sarah A. Merchant	Mother's Birthplace	Md.		
Name of person giving information	wife	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Appoplexy *or* How long

Immediate Papalysys 2 days in the How long

Are the name, age, sex, color, date and place correctly given above?

Yes

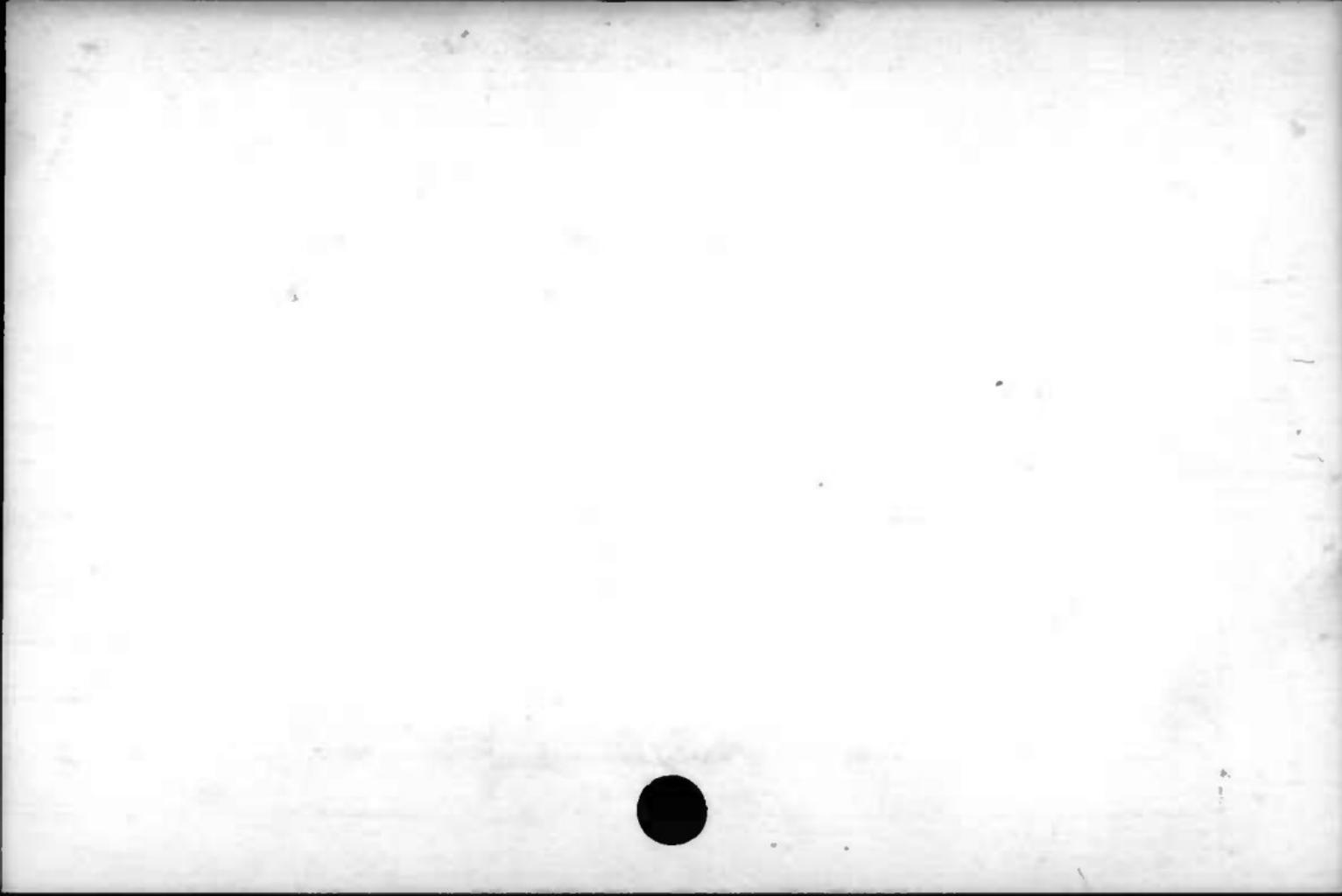
Signature of Physician

Address

D. Phoo. C. Bussey

Texas Md.

Accident or Suicide?



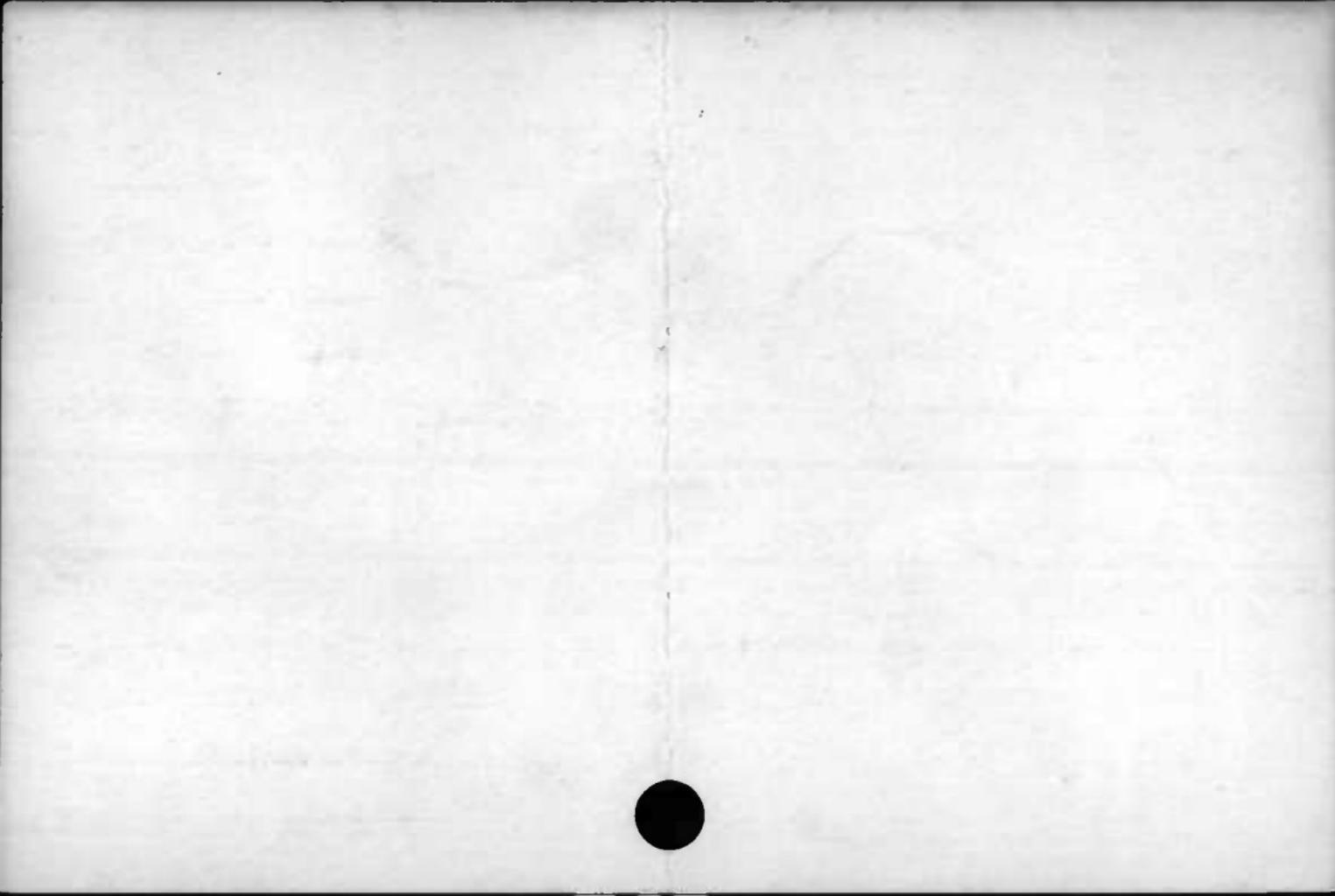
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mary Jane Shelly

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903	Month Aug	Day 23	Years 69	Months 9	Days 12		
Sex Female	Color or Race White	Occupation Housewife		Maryland			
Married, Single or Widowed							
Name of Wife or Husband		John St. Shelly					
Father's Name		John Shelly		Father's Birthplace	England		
Mother's Maiden Name		A. Frederick		Mother's Birthplace	Maryland		
Name of person giving information		Frank Silson		How related to deceased	Friend		
CAUSES OF DEATH							
Primary	Chronic intestinal hepatitis			How long	Two years		
Immediate	Acute Pericarditis			How long	Four weeks		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	E.W. Sydell M.D.			
			Address	Parkstone Md.			
Accident or Suicide?							

Accident or Suicide?



James William Simms  
Died at <sup>Town</sup> White Hall <sup>County</sup> Balt.

MARYLAND

Date 1903	Month 8	Day 15	Age 65	Y. M. D.	Native of Md	Occupation Carpenter
Male	White	White	Married	Widow	Divorced	
F	Colored	Sing		Widower	Number of children living	8

Husband

Wife Annie. Walters

Father's Name

James William <sup>Simms</sup> Mother's Maiden Name

McCleary

How long sick

Cause of Death

Primary

Struck by Engine

Immediate

Crushed skull & <sup>Accident, Suicide, Homicide</sup>

Reported by

R R Morris  
Parkton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Alexander Simpson  
Bonne Dame County home  
near Catonsville

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month aug	Day 29	Years Age 71	Months 11	Days
Sex Male	Color or Race W. american	Birth-place Ireland			
Married, Single or Widowed Married	Occupation retired Merchant				
Name of Wife or Husband Agnes Simpson					
Father's Name Geo Simpson	Father's Birthplace Ireland				
Mother's Maiden Name Sophie Scott	Mother's Birthplace Ireland				
Name of person giving information George E. Simpson	How related to deceased Son				

PHYSICIAN  
OR CORONER

Primary

CAUSES OF DEATH

Pneumonia

How long 93

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

I. Whitley  
Catonsville  
Md

Accident or Suicide?

627 W Baltimore St

Name in Full

Certificate of Death

Infant:  
Arlington

Town

County

not named

Baltimore

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03

8 16

Age

2

11

d

~~W~~

Female

White

Colored

~~Married~~

Single

Widow

Widower

~~Divorced~~

Number of children living

Husband  
of

Wife

Father's  
Name

J. L. Staat

Mother's  
Maiden Name

Alice Miller

Cause of

Primary

Hydrocephalus

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

R. F. Stander Jr. M.D.

Address

Sta



E.

+50

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A S Marshall

Ladueburg

Frederick Co Md

Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Parkville	Baltimore			
Date of death	Month	Day	Years	Months	Days
1903	Aug.	21	38	2	15
Sex	Male	Color or Race	White	Birth-place	Baltimore City
Occupation	Barksnicker		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Chas. A. Slick		Father's Birthplace	Baltimore	
Mother's Maiden Name	Elizabeth Lawrence		Mother's Birthplace	Germany	
Name of person giving information	Geo. M. Slick		How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	
Immediate	of pneumonia 1903	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
	Geo. J. Ershard - Hamilton P.C.	100 lbs.
Address	How long	
	7 days	
Accident or Suicide?		



Name  
in  
Full

Conrad Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Baltimore	Baltimore		Months	Days
Date of death	Month	Day	Years	
1903	Aug	25	Age	80
Sex	Male	Color or Race	white	Birthplace
Occupation	Laborer			
Where Residing if not at place of death				
Married, Single or Widowed	Elizabeth Smith			
Name of Wife or Husband				
Father's Name	Unknown			
Mother's Maiden Name	Unknown			
Name of person giving information	George Smith			
How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senility

How long

5 yrs

Immediate

Dramnaea

How long

6 week

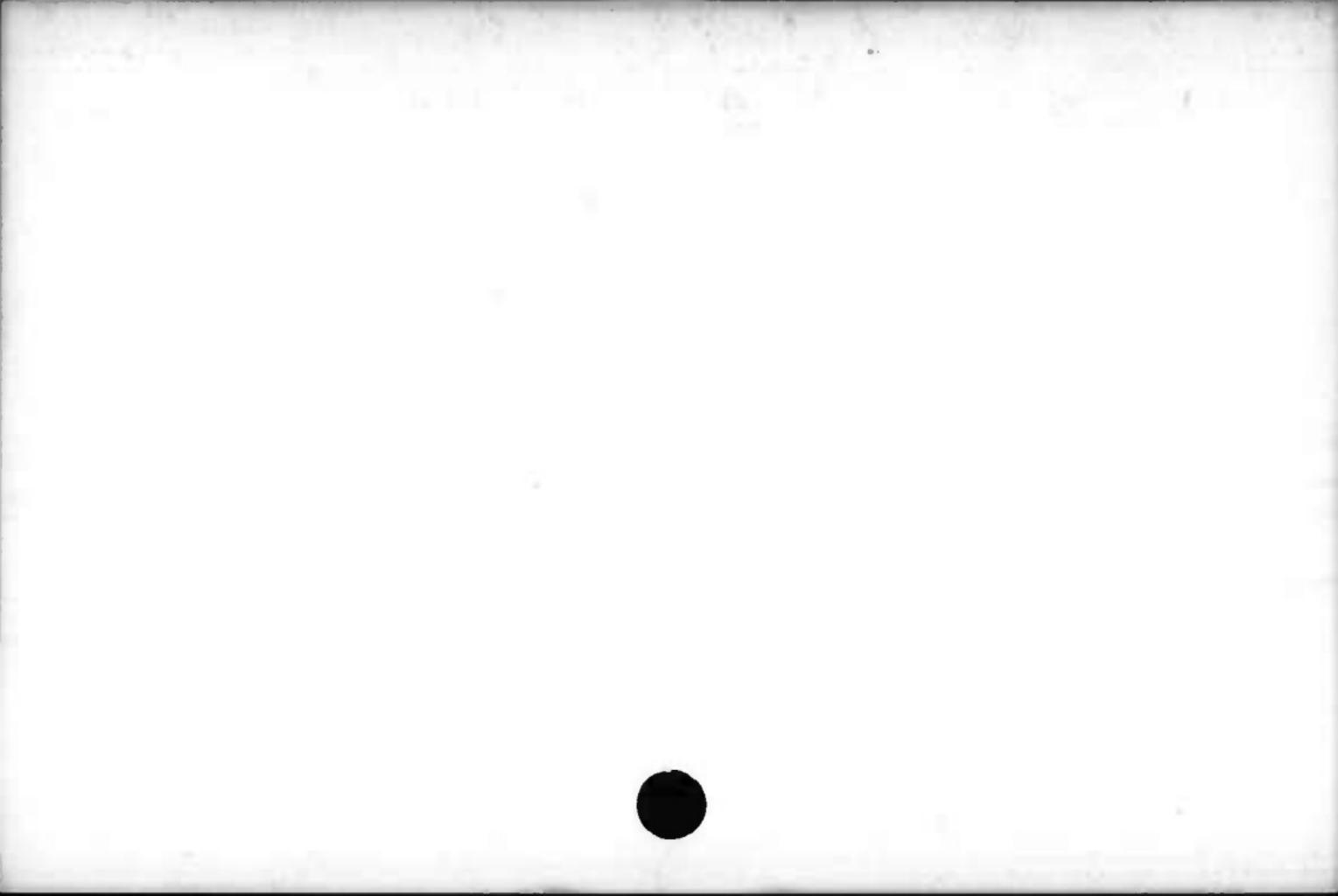
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert Yaufeld  
Baltimore  
Md

Accident or Suicide?



Name  
in  
Full

George Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month Aug	Day 2	Age 70	Years	Months	Days
Sex male	Color or Race Colored			Birth-place Md.		
Married, Single or Widowed	Sidewalk	Occupation		Lab -		
Name of Wife or Husband						
Father's Name	A. Smith					Father's Birthplace Md.
Mother's Maiden Name	Mary Ann -					Mother's Birthplace Md.
Name of person giving information	Joseph Smith					How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate Found dead in woods -	How long

Are the name, age, sex, color, date and place correctly given above?

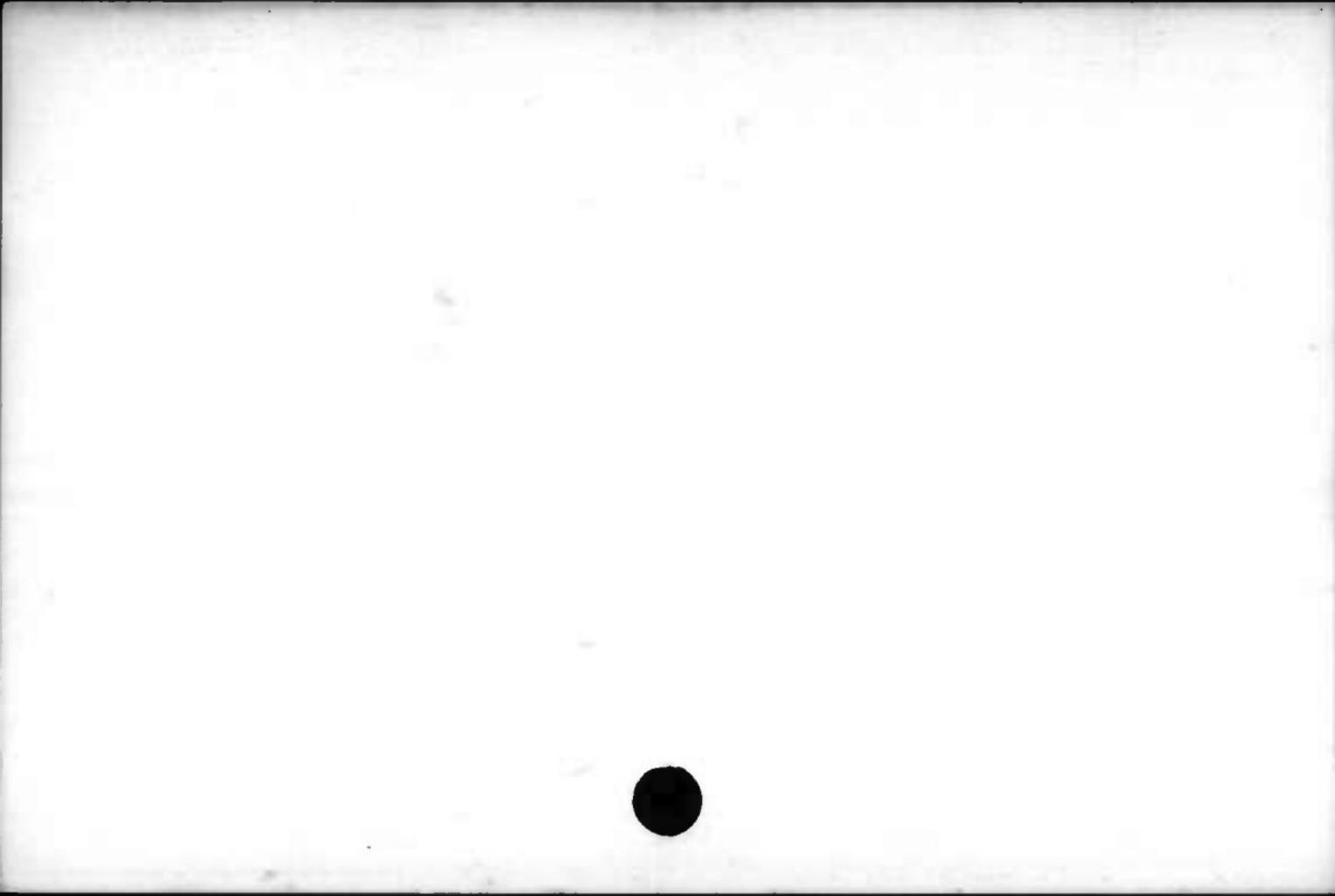
Signature of Physician

179

Address

Accident or Suicide?

Mr & Mrs J. Jenkins Laddowes



Name  
in  
Full

Henrietta Smith

## CERTIFICATE OF DEATH

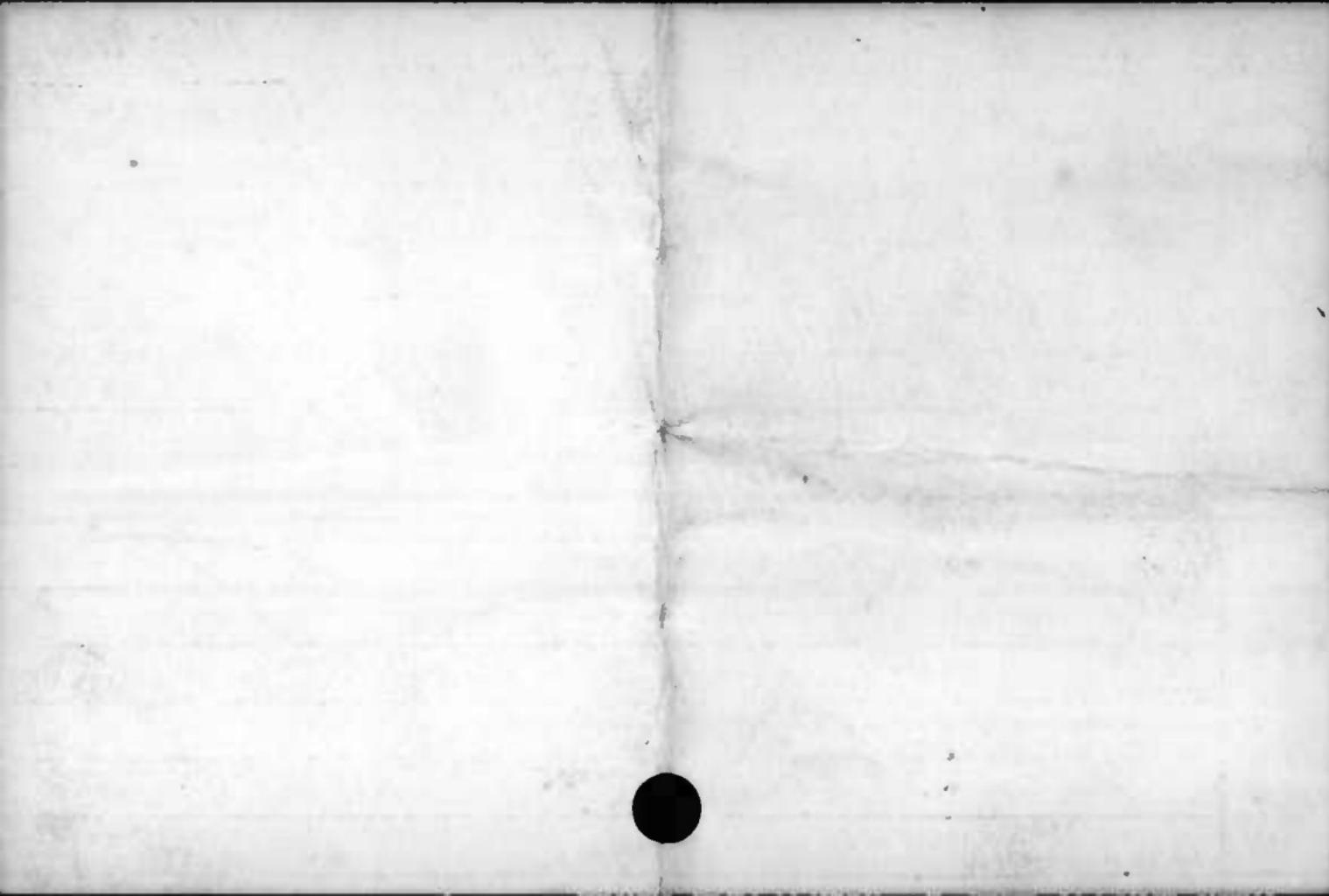
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Fairview	Baltimore					
Date of death 1903.	Month 8	Day 21	Years Age about 85	Months —	Days —	
Sex Female	Color or Race Black	Birth-place Md				
Married, Single or Widowed Single	Occupation None					
Name of Wife or Husband						
Father's Name not known	Father's Birthplace		not known			
Mother's Maiden Name not known	Mother's Birthplace		do			
Name of person giving Information Edward Painter	How related to deceased		Brother-in-law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate old age	How long 15L suddenly	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	
	Address	Jas. H. Wilson M.D.
Accident or Suicide?	Jubilee, Md.	



Name  
in  
Full

Tony Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1903	Month	Day	Years	—	Months	Days	
Sex	Color or Race	Age	Occupation	Birth-place	Baltimore Co.		
Married, Single or Widowed	—		—		—		
Name of Wife or Husband	—		—		—		
Father's Name	Mike Smith		Father's Birthplace		Austria		
Mother's Maiden Name	Letoria Sparrey		Mother's Birthplace		Germany		
Name of person giving Information	Mike Smith		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Convulsions

How long

10 hours

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.C. Schopfield  
1408 First St  
Highlandtown

Accident or Suicide?

Cemetery St. Paulinus,  
Date of funeral AUG 5- 1903



Name  
in  
Full

Paula Spielman

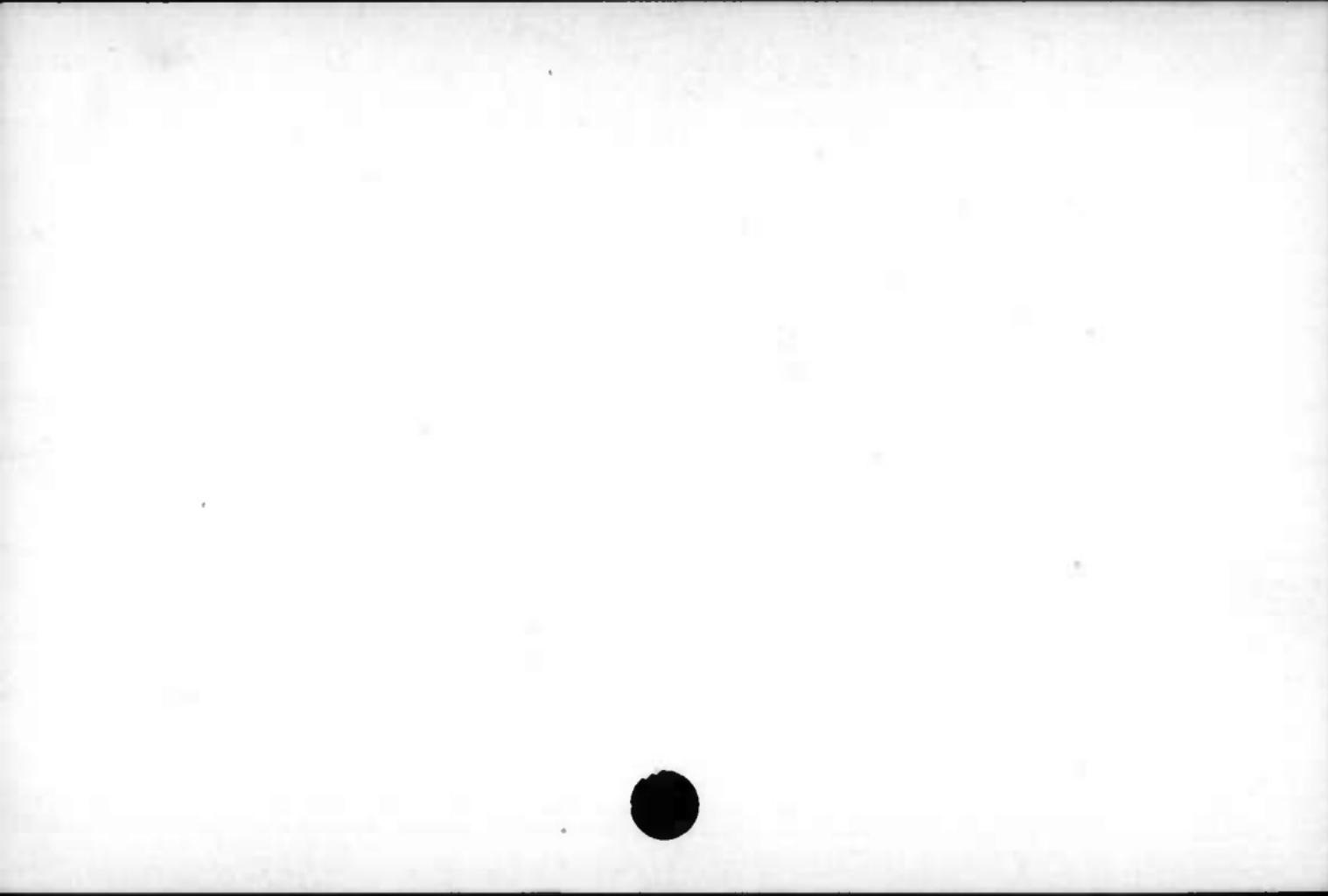
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 29	Years 1	Months -	Days 8.
Sex Female	Color or Race white	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Gotfried Spielman				
Mother's Maiden Name	Margarete Will				
Name of person giving Information	m -				
CAUSES OF DEATH					
Primary	Cholera Infantum				How long 2 weeks.
Immediate	collapse				How long Sunday
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. J. A. Glantz	Address 41 Easter Am. St.		
Accident or Suicide?					

PHYSICIAN  
OR CORONER

Yes. 105



Name  
in  
Full

Oliver Stallings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 24	Years ~	Months 7	Days 25
Sex Female	Color or Race white	Occupation	Birth-place	Balto. Md	
Married, Single or Widowed single					
Name of Wife or Husband					
Father's Name	Morgan Stallings		Father's Birthplace	Md.	
Mother's Maiden Name	Cora Layman		Mother's Birthplace	Md	
Name of person giving Information	Morgan Stallings		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro Enteritis	How long	2 weeks
Immediate	Exhaustion 105	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C.N. O'Leary
		Address	2. 26th Street
Accident or Suicide?			



Name in Full

Certificate of Death

Henry Storie

Town

County

Died at

Balto. City of Baltimore

MARYLAND

Date 1903

Month

Day

M.

D.

Native of

Occupation

03

Male

Age 64

Widow

Divorced

Female

White

Married

Widower

Number of children living

Colored

Single

Husband  
of

Wife

Father's  
NameMother's  
Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Thos. C. Bussey  
Texas Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Year	Months Dey's
3	Aug	22	Age Still Born
Sex Female	Color or Race	white	Birth-place Roland Park
Married, Single or Widowed	Occupation	✓	
Name of Wife or Husband	✓		
Father's Name	H. R. Stubbs		
Mother's Maiden Name	Araminta F. Chippase		
Name of person giving information	L. Gibbons Finch		
CAUSES OF DEATH			
Primary	Still Born	S	How long
Immediate		S	How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. Gibbons Finch  
Roland Park.

Accident or Suicide?

Martin Fahey & Sons.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ervine Suler

Town  
Rossville

County  
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 190	3 Aug	12	Age	9	
Sex male	Color or Race	white		Birth-place	Baltimore

Married, Single  
or Widowed

Occupation

Name of Wife or Husband

Father's Name

John T Suler

Father's Birthplace

Baltimore

Mother's Maiden Name

Saphia T Duering

Mother's Birthplace

Name of person giving information

John T Suler

How related to deceased

11 father

CAUSES OF DEATH

Primary

Chorea Inflamm 105

How long

6 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

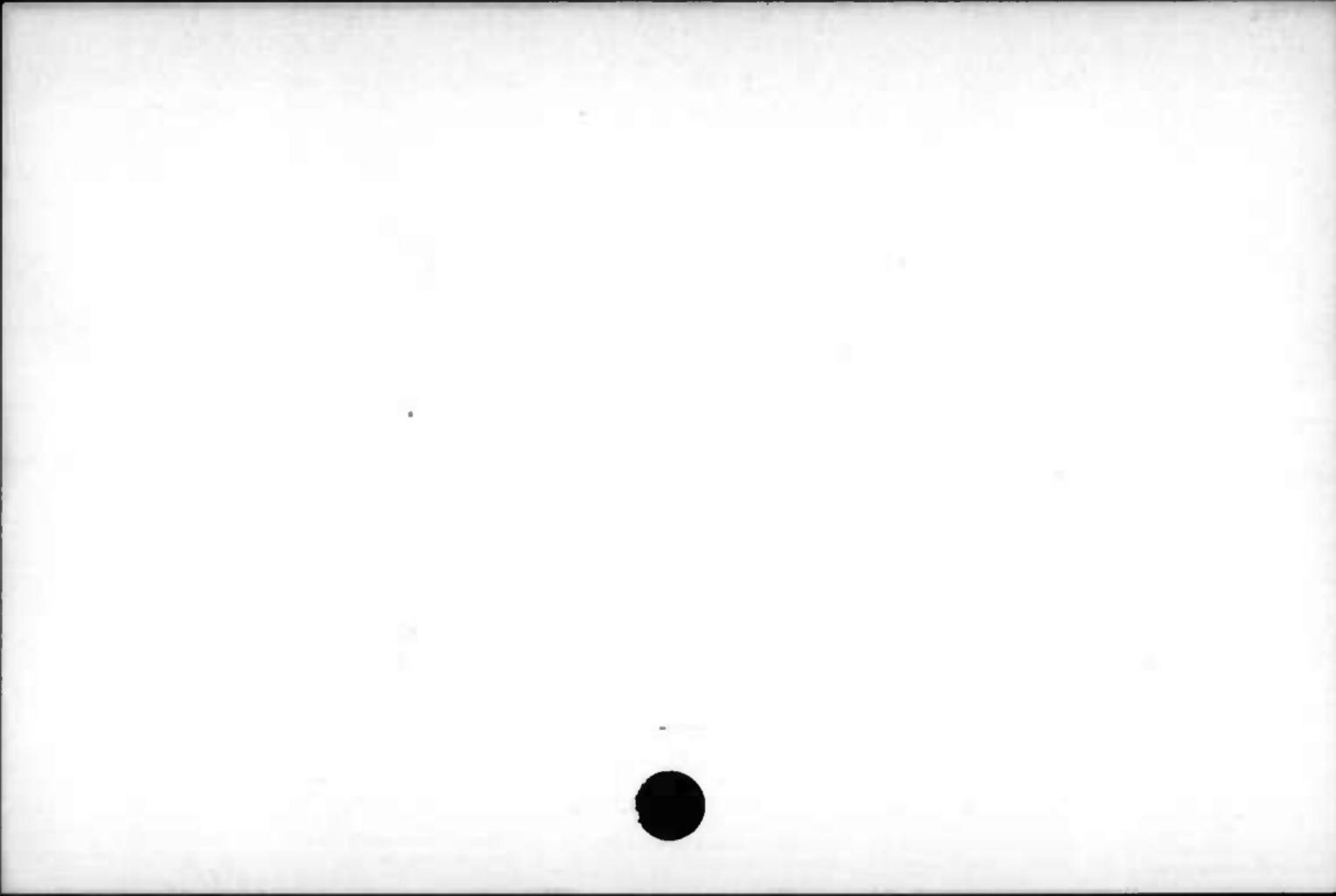
Signature of Physician

G. J. Nease M.D.

Address

100 W. 3rd St.  
Rossville Md.

Accident or Suicide?



Name  
in  
Full

Waller, William

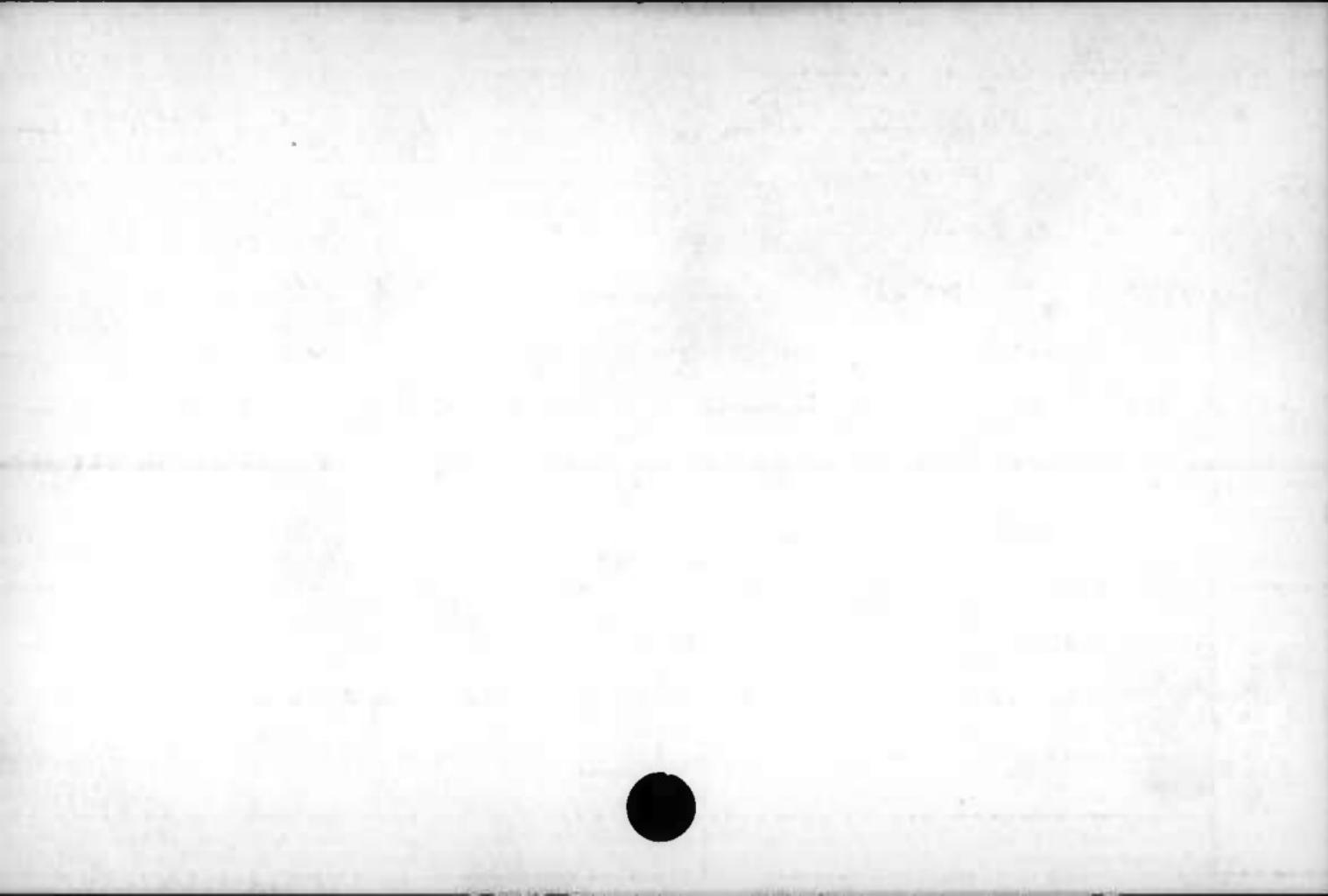
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		
Date of death 1903	Month Aug	Day 22	Years 53	Months Days
Sex Male	Color or Race white	Occupation Farmer	Birth-place Maryland	
Married, Single or Widowed Married				
Name of Wife or Husband X				
Father's Name X			Father's Birthplace X	
Mother's Maiden Name X			Mother's Birthplace X	
Name of person giving Information X			How related to deceased X	

CAUSES OF DEATH

Primary	Terminal Dementia	How long	20 years.
Immediate	Ch. Interstitial Nephritis	How long	3 years.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. J. Rue
		Address	Calaisville, New
Accident or Suicide? No			



Name  
in  
Full

Connerton O' West

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Catonsville	Baltimore			
Date of death 190	Month Aug	Day 21	Years Age 43	Months —	Days —
Sex	male	Color or Race white	Birth- place Virginia		
Married, Single or Widowed	Single	Occupation Book keeper			
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Paresis	How long about 2 years
Immediate	Exhaustion from dementia	How long about a year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. Rushmore White
		Address Catonsville Md.
Accident or Suicide?		



Name  
in  
Full

Blara Wilson  
Walkers

CERTIFICATE OF DEATH

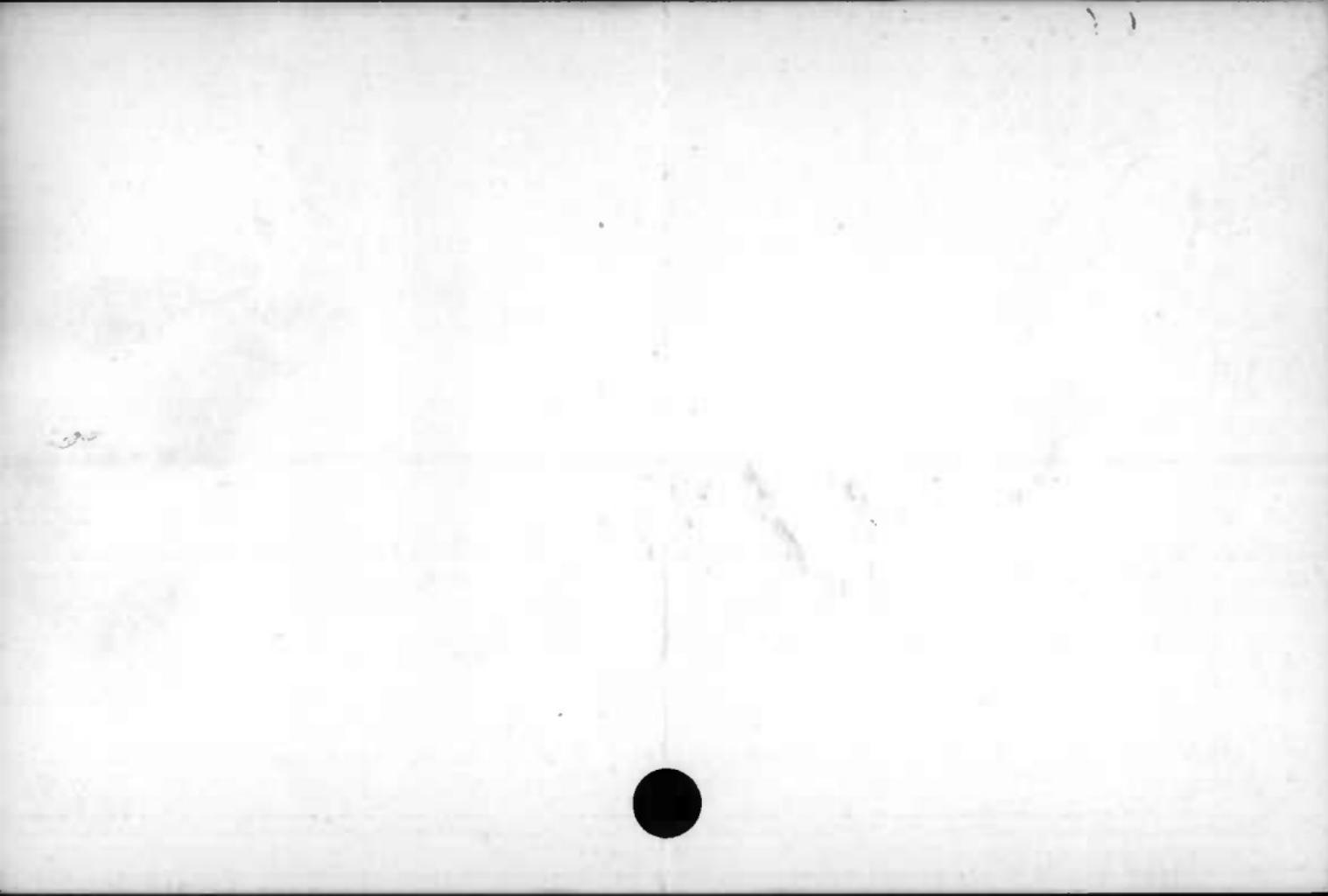
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Aug	Day 26	Years _____ Months 6 Days 27
Sex Female	Color or Race white	Birth- place Balt Co	
Married, Single or Widowed	Occupation	—	
Name of Wife or Husband			
Father's Name Joseph W. Wilson	Father's Birthplace Md		
Mother's Maiden Name Mary Martin	Mother's Birthplace		
Name of person giving Information Jos W. Wilson	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Marasmus	105	How long 1 month
Immediate Meningitis		How long 1 day -
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address	R. B. Morris Parkton Md
Accident or Suicide?		



Name  
in  
Full

Fred. Joseph Winkler

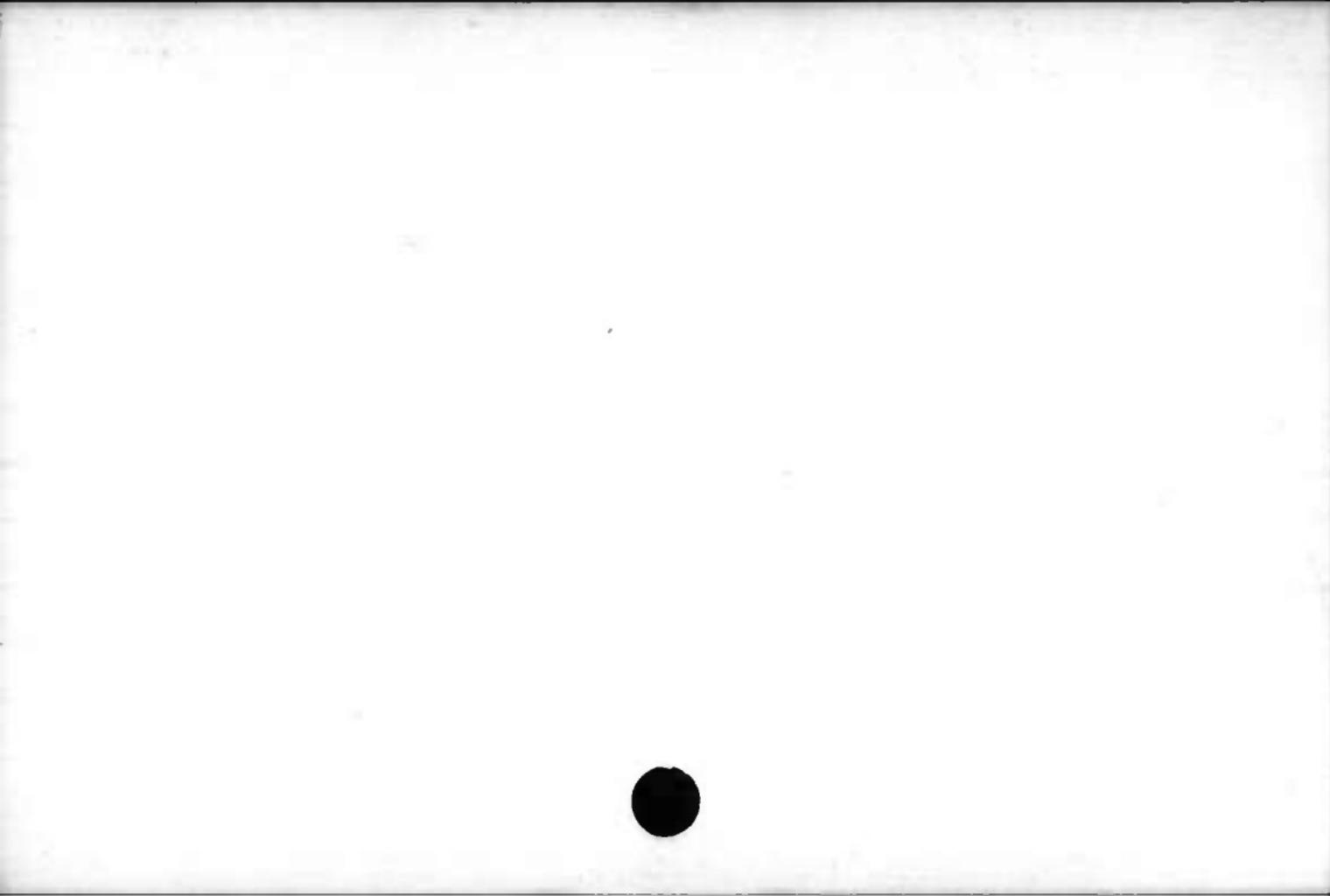
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Middle River</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 190	Month <i>Aug</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>
Sex <i>male</i>	Color or Race <i>white</i>	Occupation <i>—</i>	Birth- place <i>and</i>	Days <i>9</i>	
Married, Single or Widowed <i>—</i>					
Name of Wife or Husband					
Father's Name <i>Chas Winkler</i>			Father's Birthplace <i>and</i>		
Mother's Maiden Name <i>Mary Blome</i>			Mother's Birthplace <i>and</i>		
Name of person giving Information <i>Chas Winkler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Chalera Infantum</i>	How long <i>12 hours</i>
Immediate	<i>105</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John W. Harrison Jr.</i>
		Address <i>Middle River, Md.</i>
Accident or Suicide?	<i>no</i>	



Name  
in  
Full

William Wittgrafe

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3 Aug	Aug	26	35	-	-
Sex	male	Color or Race	white	Birth-place	md
Married, Single or Widowed	married	Occupation	Paper Hanger		
Name of Wife or Husband					
Father's Name	Wm Wittgrafe				
Mother's Maiden Name					
Name of person giving Information	Geo Danner				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accidental Drowning	How long
Immediate	"	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

John G Mullen  
260 Odornell st

Accident or Suicide

J. C. Schuh.  
Balti Cem.

Name  
in  
Full

Charles Joseph Wolf.

CERTIFICATE OF DEATH

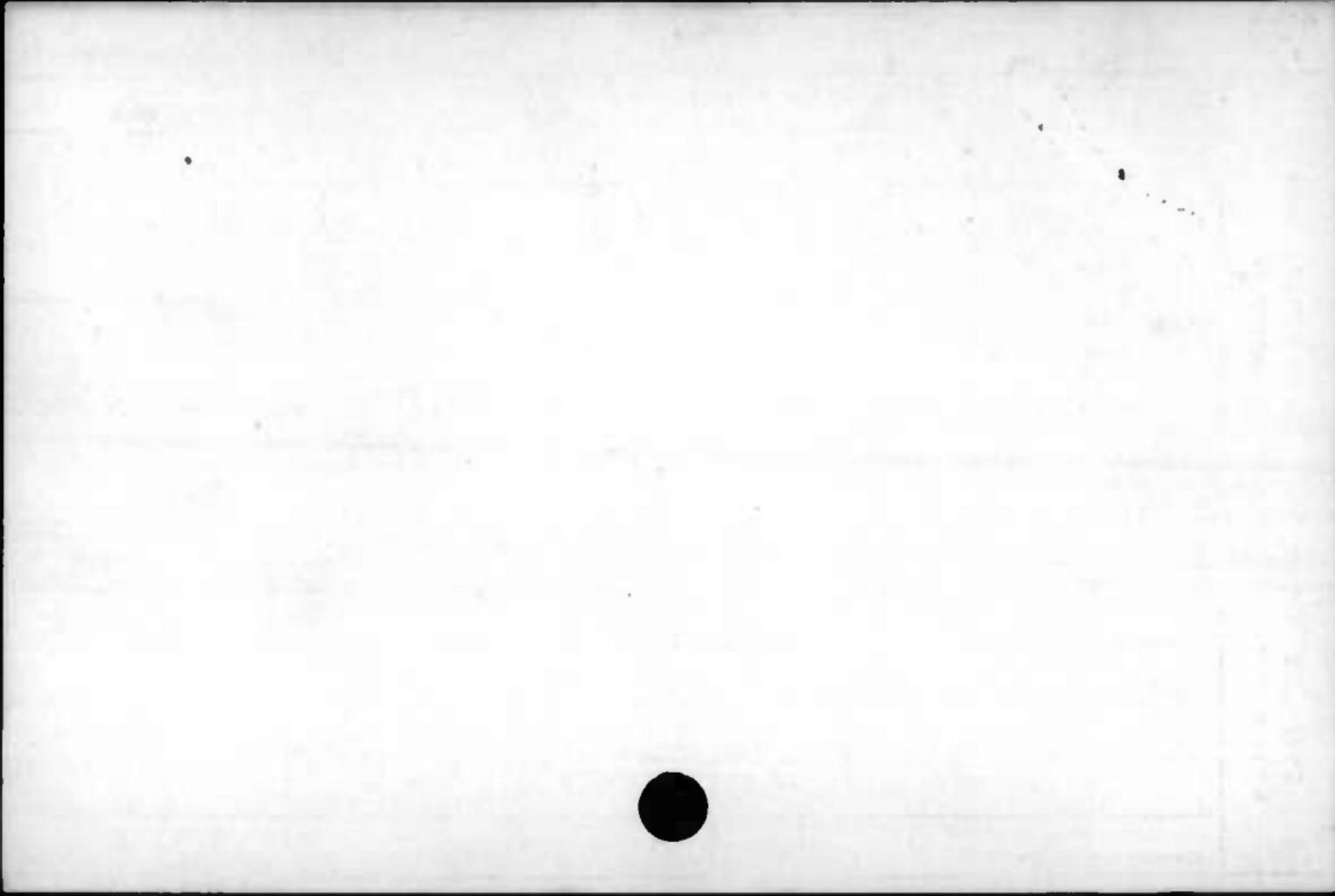
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Manton</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 190	Month <i>Aug</i>	Day <i>4</i>	Years	Months <i>9</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Occupation <i></i>	Birth- place <i>Baltimore Co</i>		
Married, Single or Widowed <i></i>					
Name of Wife or Husband <i></i>					
Father's Name <i>John Wolf</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Marie Bader</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Father</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Rickets</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. G. Blader</i>
	Address <i>121 Jackson Place</i>
Accident or Suicide?	



Name  
in  
Full

Josephine E. Wolf -  
Town  
Died at Canton County  
Balto.

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Date of death 1903	Month Aug.	Day 1st	Age —	Years —	Months 8	Days —
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Sex Female	Color or Race White	Birth- place Balto Co. Md.
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Married, Single or Widowed Single	Occupation none
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Name of Wife or Husband <del>✓</del> —
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Father's Name Bernard Wolf	Father's Birthplace Md.
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Mother's Maiden Name Theresa Thanner	Mother's Birthplace Germany
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Name of person giving Information Theresa Thanner.	How related to deceased Mother
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## CAUSES OF DEATH

Primary Gastro Enteritis	105	How long 14 days
Immediate Exhaustion		How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician C. A. Alley
	Address 2. Hudson et al.
Accident or Suicide	

Germannus Tirance

Aug 2 nd 1803

Sacred Heart Cem.

Name in Full

Certificate of Death

Lavinia Wye  
Baltimore Co. Altushouse

MARYLAND

Died at

Town County

Date 1903

Month Day

Y. M. D.

Native of

Occupation

~~Native~~~~White~~

Age

Widow

Divorced

Female

Colored

Married

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Infected wound

20

How long sick  
about 2 weeks

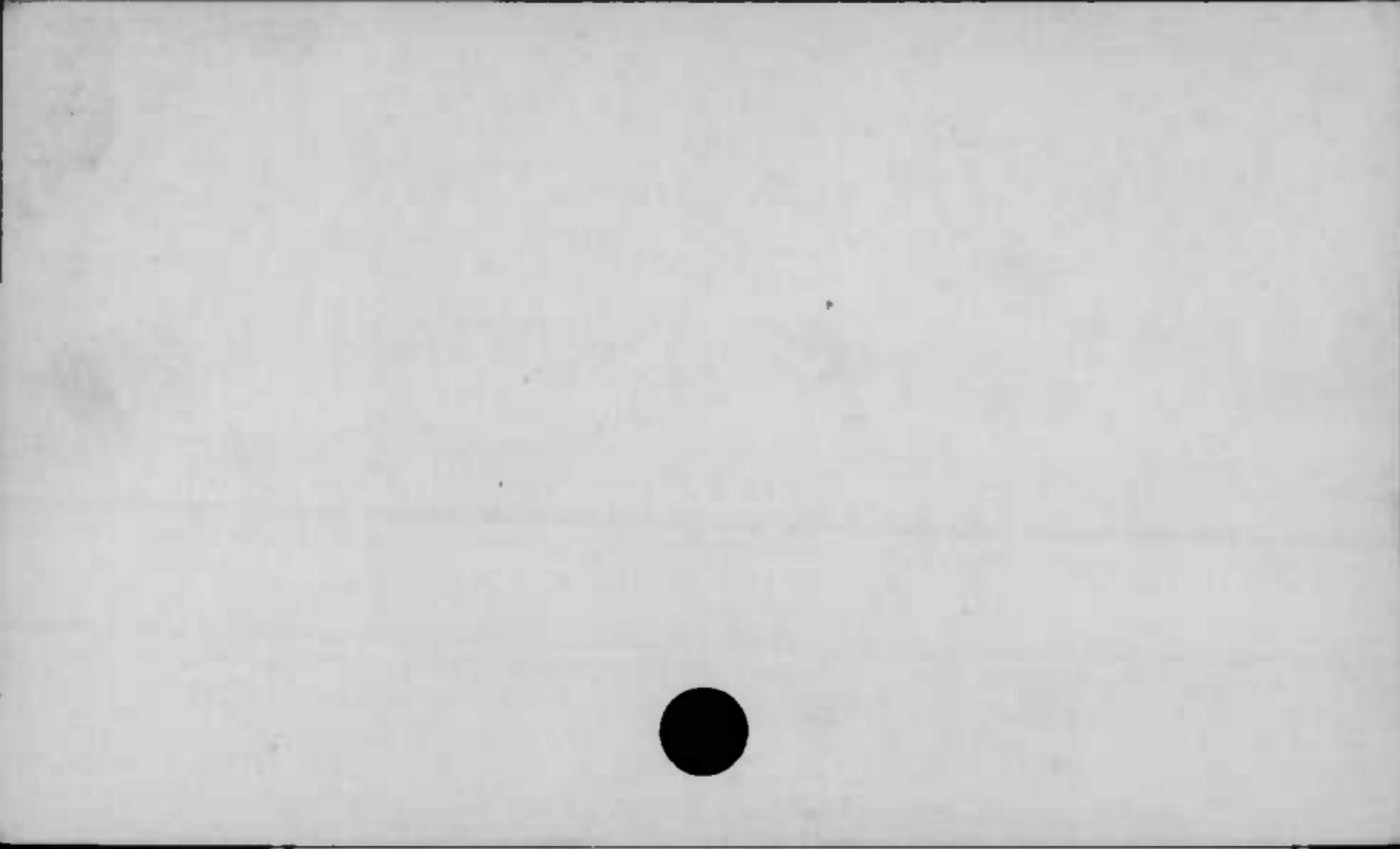
Accident, Suicide, Homicide

Reported by

Address


  
 Dr. Phos. C. Bussey  
 Texas  
 Md.
 

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Elijah Young

Town

Died at St Helena

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1903 Month Aug Day 12

Years Age 12

Months — Days —

Sex Male Color or Race

Black Occupation

Birth-place Baltimore Co.

Married, Single or Widowed

School Boy

Name of Wife or Husband

Father's Name Williams Collins

Father's Birthplace

Baltimore

Mother's Maiden Name Jessie Hill

Mother's Birthplace

Baltimore

Name of person giving information

James Young

How related to deceased

Step Father

CAUSES OF DEATH

Primary

Rheumatism

How long

6 Weeks

Immediate

Anemia Pectoris

47

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

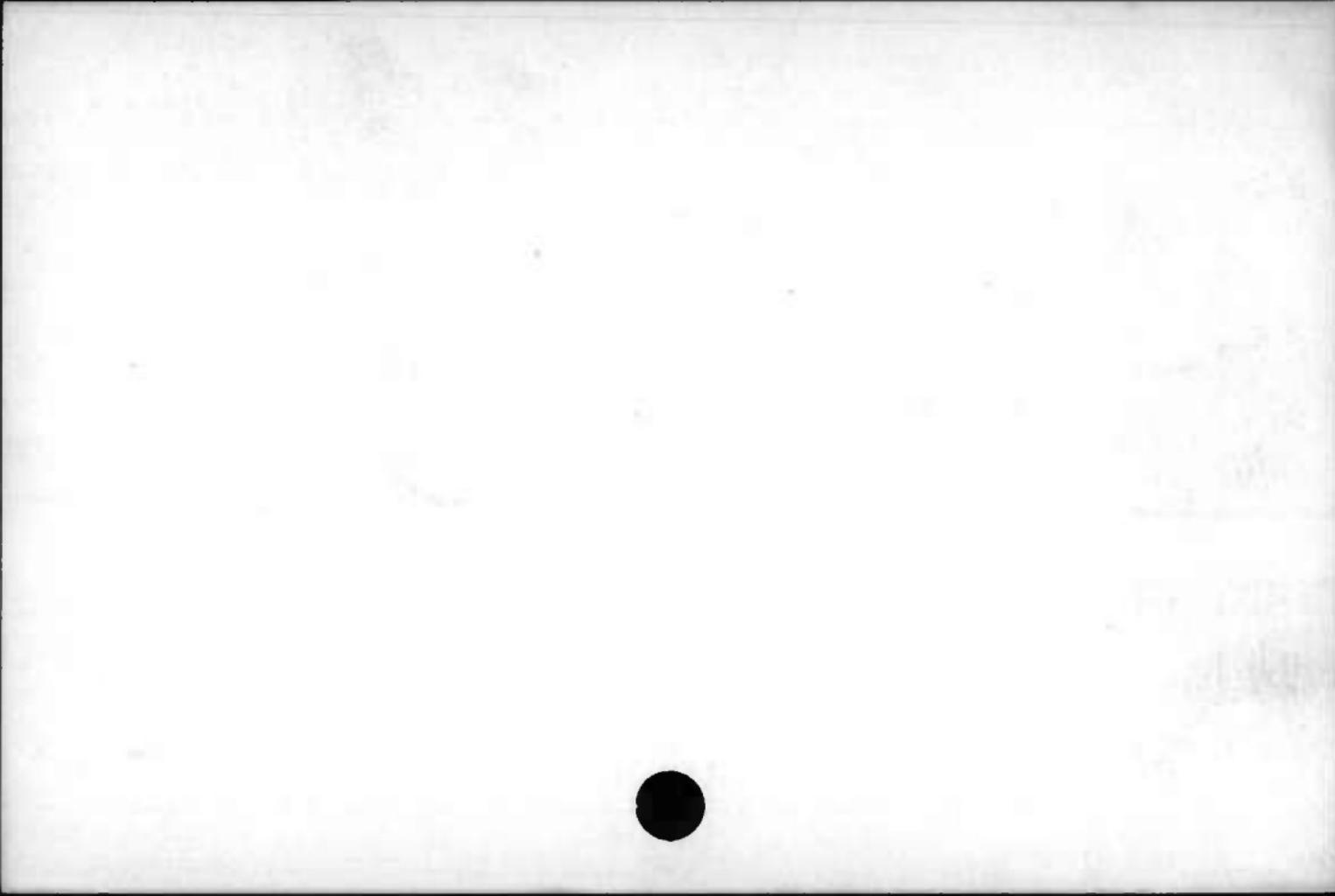
J. C. Schafeld

1400 First St

Highlandtown

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Carrie Fuster,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
3 Aug.	Aug.	3 <sup>rd</sup>	Age	9 mo 3 days
Sex	Color or Race	Occupation	Birth-place	Highclinton,
Female -	FF title			
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name	Peter Fuster		Father's Birthplace	Germany.
Mother's Maiden Name	Barbara Fuster		Mother's Birthplace	Germany
Name of person giving Information	Peter Fuster, V.O.		How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastro intestinal indigestion,

How long

6 days. —

Immediate

"Cholera infantum, or Acute Gastro-enteric infection."

How long

48 hrs. —

Are the name, age, sex, color, date and place correctly given above?

State or  
Physician

Address

A. H. Pfeifer, M.D.  
Clinton St. Clinton, N.Y.

Accident or Suicide?

